

GRAND YORK RITE OF NEBRASKA
Annual Grand Session
April 10-12, 2025
Holiday Inn Hotel and Convention Center, 110 S. 2nd Ave., Kearney, Nebraska
Holiday Inn Hotel 1-308-237-5971
2025 REGISTRATION FORM
Please Complete (Print or Type)

NAME: _____ Companion if attending: _____

ADDRESS: _____ CITY: _____

STATE: _____ Zip code: _____ PHONE: _____

E-MAIL: _____ ARRI. DATE: _____ DEP. DATE: _____

Please list **ALL TITLES** for the Introduction

(Chapter and Council Introductions Friday morning - Commandery Introductions Saturday morning)
WE MUST HAVE ADVANCE RESERVATIONS AND PAYMENT ON ALL MEALS. Make checks out to: **GRAND YORK RITE OF NEBRASKA.** Send it to: Mark Rossignol, 7941 Medicine Hat Road, Lincoln, NE 68505. Pay by Credit Card on the next page. **NO REFUNDS** will be made on cancellations after **April 1, 2025**, and no reservations will be accepted after **April 1, 2025**, except in extreme circumstances when all considerations will be given.

Thursday, April 10th			Cost	No. Attending	Amount
(2)	6:30 pm	Past Grand High Priest Ladies Dinner	\$35.00	_____	\$ _____
(3)	6:30 pm	Past Grand High Priest Dinner	\$35.00	_____	\$ _____
Friday, April 11th					
(4)	7:00 am	NAILS Breakfast (members only) (Plated)	\$19.00	_____	\$ _____
(19)	12:15 pm	Ladies Luncheon Italian Buffet	\$28.00	_____	\$ _____
(20)	12:15 pm	Men's Luncheon Italian Buffet	\$28.00	_____	\$ _____
(13)	6:30 pm	Grand York Rite Banquet (Formal attire – Men Jewels and tux or KT Uniform, w/o sword) Grand Buffet	\$48.00	_____	\$ _____
Saturday, April 12th					
(14)	7:00 am	Red Cross Breakfast (members only) (Plated)	\$19.00	_____	\$ _____
(15)	7:00 am	Past Grand Commanders Ladies Breakfast (Plated)	\$19.00	_____	\$ _____
(16)	12:00 pm	Ladies Luncheon Soup & Deli Bar Buffet	\$25.00	_____	\$ _____
(17)	12:00 pm	Men's Luncheon Soup & Deli Bar Buffet	\$25.00	_____	\$ _____
(18)	6:30 pm	Past Commanders Banquet (Very Casual) Pot Roast	\$34.00	_____	\$ _____
(21)	Registration for all Nebraska Members		\$25.00	_____	\$ _____

Any Special Dietary Needs: _____ **Total** \$ _____

Credit Card processing fee (added by office) 3.5% \$ _____

Credit Card Payment Option

You can now pay by Credit Card. There will be a 3.5 % card processing fee added by the office to use a card.

The fee will be added by the office to the total amount.

We accept:    

Credit card Number _____

Expiration Date ____ / ____ CCV number ____ (on the back of the card / Amex is on front)

Name on Card _____ Zip Code for card _____