



Branch #	Branch name:	
Contact person(s) for the	his event:	
Phone number:	Email:	
	ly mid-March, changes based on Dominion): st 6 weeks before the Dominion competition.	
Location of opening ce	remonies / banquet:	
Number of hotel rooms	within 10 minutes of facilities:	
Name(s) of proposed h	notels and rates (including all taxes):	
1)		Rate:
2)		Rate:
3)		Rate:
Will a block of rooms b	e available for participants? ☐ Yes ☐ No	If yes, how many?
Are there cabs or desig	gnated driver programs available? 🛚 Yes 🗀	No
Shuttle service provide	d: 1) to/from ceremonies? ☐ Yes ☐ No 2)	to/from competition? $\square$ Yes $\square$ No
Competition location: _		
Proposed cost per play	ver (for cribbage):	
# of participants require	ed to break even on fixed costs (e.g. facility/	equipment rentals, etc.):
Location of closing cere	emonies:	
Add any additional info	rmation that would help the committee select	your branch for this event.