## **Rider Lodging Form**



## **Rider Information:**

Name:		
City/State/Zip:		
		ail:
Arrival Date:	Dep	parture Date:
Rooming with:		
☐ SINGLE ROOM,	PLEASE (payment info below)	
	YOU WILL BE MAKING YOUR OWN NT (We cannot guarantee room avai	RESERVATION AND REQUESTING A lability if you choose this option)
☐ ALREADY RESE	RVED (Reservation #	)
□ I AM ATTENDIN	NG THE CONFERENCE	
	•	and Monday morning's breakfast are covered by The elephone, computer and other incidental expenses.
Payment Informat	ion for single room or extra nights:	
☐ Credit Card	Visa / MasterCard / American Ex	press Billing Zip Code:
CC #:		Exp:
Signature: _		
☐ Check Check Num	ber:	

Mail or fax rooming request information to:

The Britton Fund, Inc. 31916 Country CLub Drive Porterville, CA 93257

Phone: 559.784.8733
Fax: 559.784.8711
www.thebrittonfund.org

email to mary@wcisa.net