

TEXAS CLOWN ASSOCIATION, INC.

CONVENTION BID REQUEST

1. NAME AND ADDRESS OF HOST ALLEY, CLUB OR GROUP OF MEMBERS:

2. SITE OF CONVENTION (CITY): _____

3. HOTEL / VENUE NAME, ADDRESS AND TELEPHONE NUMBER:

4. PROMISED / NEGOTIATED NIGHTLY ROOM RATE: _____

5. REGISTRATION RATES WITH DEADLINES:

RATE	DEADLINE DATE
_____	_____
_____	_____
_____	_____
_____	_____

6. CONVENTION CHAIRPERSON(S):

NAME _____

PHONE _____ EMAIL ADDRESS _____

NAME _____

PHONE _____ EMAIL ADDRESS _____

7. CONVENTION TREASURER:

NAME _____

PHONE _____ EMAIL ADDRESS _____

8. CONVENTION DATES: _____

9. SIGNATURES: _____
