

SALU-SALO SA SAN FRANCISCO 2016 - REGISTRATION

Contact Person _____

Email _____

Cell Phone _____

INSTRUCTIONS - Please READ EVERYTHING before you fill up the form.

- 1 **If you can register online, please do so at www.salusalosasf.com.**
- 2 If you would rather register offline, you have two choices:
- 3 a. PREFERRED - Fill in the registration SPREADSHEET on a computer, then print & mail to us with your check.
- 4 b. Print out the registration spreadsheet or pdf file, fill in, then mail to us with your check.
- 5 Make all checks payable to: **Upsilon Sigma Phi, North America, Inc.**
- 6 In the memo section of your check, please write down the contact person's name.
- 7 Mail your filled out registration form AND your check to:
Salu-salo Sa San Francisco 2016 c/o Manuel Molina '59
- 8 **4419 Deer Ridge Rd**
Danville, CA 94506 USA
- 9 When you fill out the form, please **MAKE SURE TO FILL IN THE REQUIRED FIELDS**. It is required for a good reason. Required fields are in bold and also have an asterisk (*) on their row.
- 10 The full registration fee is required for all brothers and sisters, even if they are husband and wife.
- 11 Non-brod/non-sis spouses & adult children attending either Kambingan or Ball are charged only \$200.
- 12 Children 12 years old and under who are attending either Kambingan or Ball are charged only \$100.
- 13 Children approximately 5 and above can avail of the onsite child care service for \$50 per child per evening. Parents should feed their child before dropping off at the onsite child care room which is very near the event room.
- 14 If you are filling in the spreadsheet on your computer, just type the number for each ticket type and your fees will be filled in and computed for you.
- 15 Offline registrations are eligible for whatever promotions we are running. Eligibility will be based on either the postmark of your mail, or the date an org com member receives your reg form, whichever is earlier.
- 16 For questions on registration & fees, please email **Brod Manny Molina '59 at anilommq@yahoo.com**.
- 17 **For information on hotel registration and other event details, please go to www.salusalosasf.com**.
- 18 **If you have further questions, please check FAQ on website or email norcal@salusalosasf.com**.

TICKETS AND FEES

	REQ	Qt y	NON-Phils Based	Qt y	Phils Based	AMOUNT Qty x Fee
UPSILONIAN/SIGMA DELTAN	*		\$299		\$260	
SPOUSE-UPSILONIAN/SIGMA DELTAN			\$299		\$260	
ADULT Guests (13 Yrs Old and Above)				\$200		
CHILD Guests (12 Yrs Old and Under)				\$100		
CHILD CARE Services (No Infants)				\$50		
TOTAL FEE	*					

FOR ORG COMMITTEE USE ONLY

Date Registration Received & By Who:	Date	Received By
Payment Attached with Reg Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, Payment Date and Amount Received	Date	Amount
Payment Method	<input type="checkbox"/> Check	<input type="checkbox"/> Paypal/CC <input type="checkbox"/> On Site
Payment Received by:		

Contact Person

BROD/SIS DETAILS		REQ
1	Email	*
2	First Name	*
3	Last Name	*
4	Suffix	
5	Are you Upsilonian or Sigma Deltan?	* <input type="checkbox"/> Upsilonian <input type="checkbox"/> Sigma Deltan
6	Batch	*
7	Are you Diliman or Los Banos?	* <input type="checkbox"/> Diliman <input type="checkbox"/> Los Banos
8	Home Address 1	*
9	Home Address 2	
10	City	*
11	Zip Code	*
12	State/Province	
13	Country	*
14	Phone - HOME	
15	Phone - MOBILE	
16	Region? (Please Check ONE ONLY)	* <input type="checkbox"/> US-NorCal <input type="checkbox"/> US-Northeast <input type="checkbox"/> Philippines
17		<input type="checkbox"/> US-SoCal <input type="checkbox"/> US-South <input type="checkbox"/> Asia (ex Phils.)
18		<input type="checkbox"/> US-Northwest <input type="checkbox"/> Canada <input type="checkbox"/> Europe
19		<input type="checkbox"/> US-Southwest <input type="checkbox"/> Central America <input type="checkbox"/> Australia/NZ
20		<input type="checkbox"/> US-Midwest <input type="checkbox"/> South America <input type="checkbox"/> Other
21		<input type="checkbox"/> US-South Central
22	Alumni Chapter that you identify with	*
23	Profession	
24	Job Title	
25	Company Name	
26	Work Address	
27	Work Phone	
28	Are you checking into Hotel Sofitel?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
29	If so, which nights?	<input type="checkbox"/> 8-Jul <input type="checkbox"/> 9-Jul <input type="checkbox"/> 10-Jul
30	If not, with whom are you staying?	<input type="checkbox"/> Relatives <input type="checkbox"/> Friend/s <input type="checkbox"/> Other
31		<input type="checkbox"/> Brod/Sis <input type="checkbox"/> Hotel
32	Are you playing in the Golf Tournament?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Emergency Contact Name	*
34	Emergency Contact Number	*
35	Emergency Contact Relation	*
36	Will you bring/rent a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	If so, how many people can you help transport at the reunion if needed?	
38	For dinner at the ball, which dish would you prefer?	* <input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Risotto/ Vegetarian

Contact Person

SPOUSE-BROD/SIS DETAILS		REQ
1	Email	*
2	First Name	*
3	Last Name	*
4	Suffix	
5	Are you Upsilonian or Sigma Deltan?	* <input type="checkbox"/> Upsilonian <input type="checkbox"/> Sigma Deltan
6	Batch	*
7	Are you Diliman or Los Banos?	* <input type="checkbox"/> Diliman <input type="checkbox"/> Los Banos
8	Home Address 1	*
9	Home Address 2	
10	City	*
11	Zip Code	*
12	State/Province	
13	Country	*
14	Phone - HOME	
15	Phone - MOBILE	
16	Region? (Please Check ONE ONLY)	* <input type="checkbox"/> US-NorCal <input type="checkbox"/> US-Northeast <input type="checkbox"/> Philippines
17		<input type="checkbox"/> US-SoCal <input type="checkbox"/> US-South <input type="checkbox"/> Asia (ex Phils.)
18		<input type="checkbox"/> US-Northwest <input type="checkbox"/> Canada <input type="checkbox"/> Europe
19		<input type="checkbox"/> US-Southwest <input type="checkbox"/> Central America <input type="checkbox"/> Australia/NZ
20		<input type="checkbox"/> US-Midwest <input type="checkbox"/> South America <input type="checkbox"/> Other
21		<input type="checkbox"/> US-South Central
22	Alumni Chapter that you identify with	*
23	Profession	
24	Job Title	
25	Company Name	
26	Work Address	
27	Work Phone	
28	Are you checking into Hotel Sofitel?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
29	If so, which nights?	<input type="checkbox"/> 8-Jul <input type="checkbox"/> 9-Jul <input type="checkbox"/> 10-Jul
30	If not, with whom are you staying?	<input type="checkbox"/> Relatives <input type="checkbox"/> Friend/s <input type="checkbox"/> Other
31		<input type="checkbox"/> Brod/Sis <input type="checkbox"/> Hotel
32	Are you playing in the Golf Tournament?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Emergency Contact Name	*
34	Emergency Contact Number	*
35	Emergency Contact Relation	*
36	Will you bring/rent a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	If so, how many people can you help transport at the reunion if needed?	
38	For dinner at the ball, which dish would you prefer?	* <input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Risotto/ Vegetarian

Contact Person

ADULT GUEST 1 DETAILS		REQ
1	Email Address	*
2	First Name	*
3	Last Name	*
4	Relation to Adult Companion	*
##	For dinner at the ball, which dish would you prefer?	<input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Risotto/ Vegetarian

ADULT GUEST 2 DETAILS		REQ
1	Email Address	*
2	First Name	*
3	Last Name	*
4	Relation to Adult Companion	*
##	For dinner at the ball, which dish would you prefer?	<input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Risotto/ Vegetarian

CHILD GUEST 1		REQ
1	Parent's Email Address	*
2	Child First Name	*
3	Child Last Name	*
4	Date of Birth (mm/dd/yyyy)	*

CHILD GUEST 2		REQ
1	Parent's Email Address	*
2	Child First Name	*
3	Child Last Name	*
4	Date of Birth (mm/dd/yyyy)	*

CHILD CARE SERVICES 1		REQ
1	Parent's Email Address	*
2	Child First Name	*
3	Child Last Name	*
4	Date of Birth (mm/dd/yyyy)	*
5	Special instructions regarding your child such as allergies, etc.	

CHILD CARE SERVICES 2		REQ
1	Parent's Email Address	*
2	Child First Name	*
3	Child Last Name	*
4	Date of Birth (mm/dd/yyyy)	*
5	Special instructions regarding your child such as allergies, etc.	