58th LIONS OPERATION FRIENDSHIP VISITATION



MARCH 21 - 24, 2024 VISITATION PACKAGE & HOTEL RESERVATION FORM



**THE VISITATION PACKAGE IS REQUIRED FOR ALL LIONS & GUESTS ATTENDING CANCELLATION POLICY: NO REFUNDS 2 WEEKS PRIOR TO MARCH 21, 2024

EL CORTEZ HOTEL ROOM COST AND INFORMATION

RoomDescriptionRate1 BED STD1 FULL SIZE BED STD ROOM (1-2 PERSONS)\$147 (Per-Night)2 BED STD2 FULL SIZE BED STD ROOM (1-2 PERSONS)\$147 (Per-Night)

• Call Lion Jeff Garcia at (559) 707-0840 FOR AVAILABILITY •

VISITATION PACKAGE PRICE IS \$50.00 PER PERSON (This is required for everyone attending)

These funds go directly to help cover the cost of food, entertainment and other incidentals to the visitation.

Everyone attending must pay for a Visitation Package.

The package includes the following; Lions Operation Friendship Visitation Pin, Thursday Night Social (Wine, Beer, Margaritas, Soft Drinks & Taco Bar), Friday's Lunch, & Saturday Evening Dinner Meeting provided by Ensenada Kiliwas Lions.

HOTEL ROOM AND VISITATION PACKAGE MUST BE PAID TOGETHER

Note to all the Ensenada Visitation Attendees: Those wishing to attend the 2024 Operation Friendship Visitation will need to
arrange their own transportation to this "one-of-a-kind project." Attendance has now shrunk to a point that arranging
transportation for those few is not a doable task. We know for some the arranged transportation is the difference between
going and not going for which you have our sincere apologies. We will be happy to help in any way we can. OPERATION
FRIENDSHIP COMMITTEE 2024.

<u>R</u>	ESERVATION FORM	
NAME:		
ADDRESS:		(<u>Please Include)</u>
CITY:	STATE:	ZIP:
CLUB NAME:	Email:	
FULL NAME OF GUEST:		
EMERGENCY CONTACT:	Relationship:	Phone:
VISITATION PACKAGE FOR EACH PERSON ATTE	NDING IS REQUIRED	
NUMBER OF VISITATION PACKAGES:	X \$50.00 =	\$
TYPE OF ROOM: 1BED STD 2 BED ST	TD Room Price:\$147 per night X 3 NIG	GHTS = \$ 441.00
ENCLOSED IS THE <u>TOTAL PAYMENT</u> FOR <u>THE HO</u>	OTEL - VISITATION PACKAGE =	\$
	OF PAYMENT: CHECK VISA MASTER CA	
CREDIT CARD #:	EXP D CREDIT CARD ZIP CODE : _	ATE:
SIGNATURE:		
WOULD YOU LIKE YO	UR RECEIPT SENT BY CELL (TEXT) OF	R BY <u>(EMAIL)</u> ?

<u>MAIL YOUR RESERVATION FORM ALONG WITH YOUR CHECK TO:</u> "OPERATION FRIENDSHIP" C/O JEFFREY GARCIA - 13677 Francisco Drive Hanford, CA 93230- PHONE (559) 707-0840 jeff@eyecaredoctor.com

PLEASE RETAIN TOP PORTION OF THIS FORM

"HANDS ACROSS THE BORDER "SERVING SINCE 1963"