

**PAGE Georgia Academic Decathlon  
AWARDS BANQUET RESERVATION FORM**

**Saturday, FEBRUARY 28, 2026**

**6:00 – 8:30 pm**

***Embassy Suites by Hilton***

***Atlanta Kennesaw Town Center***

***620 Chastain Rd, Kennesaw GA 30144***

**COMPLETE and RETURN this order form no later than:  
FEBRUARY 12**

Complimentary tickets for team members and up to two official coaches will be provided (up to 11 max). Additional tickets for alternates and additional coaches are available at \$50 per person. All tickets must be ordered in advance and paid for – no refunds. There is limited seating at the banquet.

NO TICKETS WILL BE SOLD AT COMPETITION OR AT THE DOOR.

**NO ADMITTANCE TO BALLROOM WITHOUT A TICKET.**

ALL tickets will be distributed at check-in on Friday in the school's registration packet.

**SCHOOL** \_\_\_\_\_

**SCHOOL DISTRICT** \_\_\_\_\_

**Coach Name and email:** \_\_\_\_\_

The team will be charged the regular price for complimentary tickets that are ordered and not used.

**YES**, we will need the following number of complimentary banquet tickets (11 maximum):

\_\_\_\_\_ Students (9 maximum – team members only)  
# student tickets

\_\_\_\_\_ Coach(es) – (2 maximum)  
# coach tickets

\_\_\_\_\_ of the above complimentary meals should be vegetarian.  
# veggie meals

**YES**, we will need the following number of banquet tickets for additional team members/coaches.  
(Additional team members and guests will be seated at a table nearby.)

\_\_\_\_\_ banquet tickets @ \$50.00 = \$ \_\_\_\_\_  
# tickets

\_\_\_\_\_ of the above paid meals should be vegetarian.  
# veggie meals

**Chicken meal will be gluten, dairy, nut, pork, shellfish free. Vegetarian meals will be vegan. Please notify us of any other dietary requirements.**

\_\_\_\_\_ check enclosed (check number \_\_\_\_\_ amt of check \$ \_\_\_\_\_)  
\_\_\_\_\_ credit card information below (Visa, MC, Discover, AmEx)

Type of card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**RETURN by February 12, or with registration materials**

**TO: [mcrawford@pageinc.org](mailto:mcrawford@pageinc.org) / PAGE GAD / PO Box 937 / Young Harris GA 30582 / FAX: 404-480-5136**