

Summer Conference Guest Housing Request Form

CONFERENCE GUEST OR GROUP INFORMATION

Name: _____

Group or Program Name: _____

Reason for visit: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone Number: _____ Message Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

RESERVATION INFORMATION

Number of Guests: _____ Total Females: _____ Total Males: _____

Check-in Date: _____ Checkout Date: _____

Check-in Time: _____ Checkout Time: _____

Check-in times must be between the hours of 7 a.m.–9 p.m.*

Checkout times must be between the hours of 7 a.m.–9 p.m.

Number of Adults: _____ Number of Chaperones: _____ Number of Minors: _____

Number of Doubles: _____ Number of Singles: _____

Required Amenities: _____ Meals _____ Linens _____ Parking _____

Signature

Date

*Please Note: Full payment must be submitted prior to arrival date in order to check in after hours or any time during the weekend.