**WA FCCLA State Leadership Conference Hotel Reservations**

**Tuesday, March 17—Friday, March 20, 2020**

Please submit this reservation form and rooming list ***directly to the Wenatchee hotel you prefer***.

**See following hotel summary for rates and contact information.**

**SUBMISSION DEADLINE: Friday, February 14, 2020**

Please indicate how many rooms are needed for the people attending:

\_\_\_\_\_\_# Single Occupancy Rooms \_\_\_\_\_\_#Triple Occupancy Rooms

\_\_\_\_\_\_# Double Occupancy Rooms \_\_\_\_\_\_#Quad Occupancy Rooms

\_\_\_\_\_\_ Total number of people PER NIGHT (Must equal number of names on housing form)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School Name) delegation will arrive at the assigned hotel on

March \_\_\_\_\_ and will depart on March \_\_\_\_\_\_, 2020.

**By filling out this form and signing at the bottom, I take responsibility for all charges placed on the School’s, (chapter’s), master account during the period of time for which the school (chapter) is registered in the hotel.**

School/Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

School Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Fax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adviser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Adviser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please print NEATLY and return to Contact at preferred hotel**

**W A-FCCLA State Leadership Conference**

**Housing Rooming Form**

**Room Assignments**

Chapter Name:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type (Sing, Dbl, Trip, Quad) | Room No. (given by hotel at time of check in) | NAMES | A-AdviserS-Student | M-maleF-female | Date In | DateOut |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |
|  |  | 1.2.3.4 |  |  |  |  |
|  |  | 1.2.3.4. |  |  |  |  |