

WA-FCCLA State Leadership Conference

Reservation Request Form-2

Room Assignments/**Submit by Friday, February 17, 2023**

**Chapter Name**

|  |  |  |  |  |  |  |
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| **Type**  **(Sing. Dbl., Trip, Quad)** | **Room No. (given by hotel at time of check in)** | **Names** | **A-Adviser**  **S-Student** | **M-Male**  **F-Female** | **Date**  **In** | **Date**  **Out** |
|  |  | **1.**  **2.**  **3.**  **4.** |  |  |  |  |
|  |  | **1.**  **2.**  **3.**  **4.** |  |  |  |  |
|  |  | **1.**  **2.**  **3.**  **4.** |  |  |  |  |
|  |  | **1.**  **2.**  **3.**  **4.** |  |  |  |  |
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