FCCLA State Convention: School Booking Form

Name of School: ________________________________________________________________

FFA Advisor: _________________________________________________________________

Contact Information: Phone: ___________________ Email: __________________________

Rooming List: Please provide FIRST AND LAST names for each room. Number of Rooms: __________

FIRST NAME   LAST NAME   FIRST NAME   LAST NAME   FIRST NAME   LAST NAME   FIRST NAME   LAST NAME

Room 1: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 2: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 3: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 4: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 5: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 6: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 7: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Room 8: _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______

Payment: Credit Card (   ) or Direct Bill: ____________________. If you do not have a direct bill set up, please request an application to confirm payment.

Arrival date: ___________ Arrival time: ___________ Departure date: ________________

Parking needs: (bus/van/car parking needs) _____________________

Any special requests: __________________________________________

Hotel contact: All communication regarding rooming list changes, itinerary, special requests, etc. should be directed to Kara Creal. Please complete the form and send back via email. This will ensure the accuracy of your rooms, billing and any special requests. Thank you! Email: kcreal@graduatelincoln.com