



141 North 9th Street | Lincoln, Nebraska 68508
Front Desk Phone: 402-475-4011 Front Desk Fax: 402-475-9011
Sales Phone: 402-475-1038 Sales Fax: 402-475-4366

FCCLA State Conference: School Booking Form

Name of School: _____

FCCLA Adviser: _____

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 **Rachel Martin or Jenae Boudreau**. 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:** rmartin@graduatelincn.com or jboudreau@graduatelincn.com