

Convention Housing Form (page 1)

At the Holiday Inn Syracuse, Liverpool NY

Please indicate your preferred roommate assignments below.

Note: Convention housing is based on four persons per room. If your room does not contain four people either check asking for assistance finding additional roommates **OR** enclose payment for additional room charges.

<p>Additional Fees (for less than 4 per room)</p> <p>\$80 additional for a triple \$110 additional for a double \$165 additional for a single</p> <p>Extra Cot Fee \$25 for one cot per room</p>
--

Circle: A for adult Y for youth C for college/young adult

MALES: ROOM 1			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	_____		
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

FEMALES: ROOM 1			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	_____		
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

MALES: ROOM 2			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	_____		
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

FEMALES: ROOM 2			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	_____		
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

TOTAL ROOM FEES = _____

T-SHIRTS ___ X \$10 = _____

LATE FEES \$10 per person = _____

TOTAL AMOUNT DUE = _____

Please make additional copies of this form as needed.

*Cancellations occurring within 2 weeks of the event will result in a \$75 refund, no refund for cancellations within 72 hours of event!

Please complete the information below for the person you would like to receive your confirmation packet.

Name: _____

Date: _____

Address _____ City _____

State _____ Zip _____

Phone # () _____ Email _____

Fax # _____

Church _____

Pastor's Name _____

Association/Region _____

Signature _____

Convention Housing Form (Page 2)

Church _____

MALES: ROOM 3			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

FEMALES: ROOM 3			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

MALES: ROOM 4			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

FEMALES: ROOM 4			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

MALES: ROOM 5			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

FEMALES: ROOM 5			
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Name _____	A	Y	C
Check here to request assistance finding additional roommates	=	_____	
Payment @ \$160.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	