

7.4.1

HOTEL RESERVATION FORM

Illinois Association of SkillsUSA

Use this form to make your conference hotel reservations. Send one copy directly to the hotel. Bring one copy to the IL SkillsUSA registration table **with the room numbers filled in.** Retain one copy for your records.

SCHOOL NAME: _____ ADVISOR: _____

SCHOOL ADDRESS: _____ TOWN: _____ ZIP: _____

SCHOOL PHONE: (_____) _____ SCHOOL FAX: (_____) _____

CONFIRM. REQUESTED: YES NO HOTEL NAME: _____

ARRIVAL DATE: _____ TIME: _____ DEPARTURE DATE: _____ TIME: _____

Be sure to list everyone staying in your hotel rooms. Type or Print (very clearly) with Last Names First.

DOUBLE ROOMS (Three or Four People per Room)

Room Number _____	
1	
2	
3	
4	

Room Number _____	
1	
2	
3	
4	

Room Number _____	
1	
2	
3	
4	

Room Number _____	
1	
2	
3	
4	

Room Number _____	
1	
2	
3	
4	

Room Number _____	
1	
2	
3	
4	

SINGLE ROOMS (One or Two People per Room)

Room Number _____	
1	
2	

Room Number _____	
1	
2	

Room Number _____	
1	
2	