

REQUEST FOR HOTEL RESERVATIONS

(Send to the Superintendent's Office Attn: Stacy Watson)

Person Requesting Reservation _____

Conference or Event Attending _____

Hotel Name _____

Hotel Phone Number _____

Second Choice Hotel _____

Phone Number _____

Date & Time of Arrival _____ Date & Time of Departure _____

Number of Rooms needed _____ Number of people per room _____

Room List Attached? Yes No Smoking or Non Smoking (circle one)

Signature of Person Requesting

Date of Request

Principal Approval

Date of Approval

Superintendent's Approval

Date of Approval

Date Reservation Made

Confirmation #