

Convention Housing Form

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.

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

Additional Fees	
(for less than 4 per room)	
\$84.00	additional for a triple
\$96.00	additional for a double
\$107.00	additional for a single
Extra Cot Fee	
\$25	for one cot per room
Lunch Option Fee	
\$9.00	per person

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 @ \$125.00 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 @ \$125.00 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 @ \$125.00 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 @ \$125.00 per person	=	_____	_____
Additional room fees	=	_____	_____
Room Total	=	_____	_____

TOTAL ROOM FEES = _____

LUNCH OPTION FEES

_____ X \$9 = _____

LATE FEES

\$10 per person = _____

TOTAL AMOUNT DUE = _____

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 _____

Please make additional copies of this form as needed.