

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 @ \$135.00 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 @ \$135.00 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 @ \$135.00 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 @ \$135.00 per person	=	_____	
Additional room fees	=	_____	
Room Total	=	_____	

TOTAL ROOM FEES = _____

LUNCH OPTION FEES

_____ X \$9 = _____

T-SHIRTS _____ X \$10 = _____

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.

**Cancellations occurring within 2 weeks of the event will result in only a partial refund!*