

TEACHER HOTEL REQUEST FORM

(Traveling without students)

REQUESTED BY: _____ SCHOOL: _____

DEPARTMENT: _____

CTSO(if applicable) _____

EVENT NAME _____

HOSTED BY _____

LOCATION _____

VENUE

ADDRESS

CITY, STATE, ZIP

RESERVATION

OF INDIVIDUALS REQUIRING RESERVATIONS

OF ROOMS NEEDED

(STUDENTS TO A ROOM/TEACHERS TO ROOM)

TYPE OF ROOM

NAME FOR RESERVATION

____/____/____

DATE OF CHECK-IN

____/____/____

DATE OF CHECK-OUT

Choice #1: HOTEL

VENUE

ADDRESS

CITY, STATE, ZIP

HOTEL PHONE

CONTACT NAME

HOTEL FAX

_____ MILES

PROXIMITY TO VENUE

COST

RATE PER NIGHT, PER ROOM \$ _____ X _____ X _____ = \$ _____

SPECIAL INSTRUCTIONS FOR HOTEL RESERVATION

Choice #2: HOTEL

VENUE

ADDRESS

CITY, STATE, ZIP

HOTEL PHONE

CONTACT NAME

HOTEL FAX

MILES
PROXIMITY TO VENUE

COST RATE PER NIGHT, PER ROOM \$ _____ X _____ X _____ = \$ _____

SPECIAL INSTRUCTIONS FOR HOTEL RESERVATION

Choice #3: HOTEL

VENUE

ADDRESS

CITY, STATE, ZIP

HOTEL PHONE

CONTACT NAME

HOTEL FAX

MILES
PROXIMITY TO VENUE

COST RATE PER NIGHT, PER ROOM \$ _____ X _____ X _____ = \$ _____

SPECIAL INSTRUCTIONS FOR HOTEL RESERVATION