



Delegation Lodging Form

Delegation _____

Lead Advisor (primary contact) _____

Day Phone _____ Cell (during events) _____

Email _____

Secondary Contact _____

Day Phone _____ Cell (during events) _____

Email _____

Our delegation will be staying in:

- Host homes
- A hotel
- The local YMCA
- Other _____

Specific Lodging Information

Hotel information (where advisors will be staying during session):

Name of hotel or other accommodation _____

Phone _____ Room # (if known) _____

Address _____ City _____ Zip _____

Host Home Information:

Number of vehicles available to transport students: _____

Number of **delegate seats** available for students in each vehicle: _____

Please list any delegates you would not like placed in the same host home together:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

