

Loyola Advocacy Team Hotel Reservation Form

PLEASE PRINT THIS FORM AND RETURN IT TO MATT BARRETT. THIS FORM IS DUE 45 DAYS PRIOR TO YOUR DEPARTURE. IF YOUR COMPETITION DOES NOT GIVE YOU ITS DATES OR LOCATION WITHIN 45 DAYS OF TRAVEL, THIS FORM IS DUE ON THE DATE DETERMINED BY MATT BARRETT. IF THIS FORM IS LATE, TEAMS ARE RESPONSIBLE FOR ANY PRICE INCREASES INCURRED.

Name of Competition: _____

Location City and State: _____

Dates of competition: _____

Names of Students and coaches attending the competition:

Number of rooms you will need: _____

Pairings (who will be sharing rooms)

Number of nights you will be staying in a hotel: _____

While being mindful of cost, please list three hotels in the vicinity of your competition, in your order of preference, and indicate which, if any, is the competition's recommended hotel. Please note that your preferences are not guaranteed.

1. Hotel name: _____
Rate per night: _____
Distance from competition: _____

2. Hotel name: _____
Rate per night: _____
Distance from competition: _____

3. Hotel name: _____
Rate per night: _____
Distance from competition: _____