

Name (M/F)

City_____State____Zip____

Emergency Contact_____

Address _____

Phone (

Sheraton Park Hotel Housing Form Room # If Package E, chec					
Please check room type:	□ Single	□Double	□Triple	□ Quad	
School					
Contact Address (Not a P.O. Box)					
City			-		
Fax Phone ()					
E-mail					
	IOTEL CHECK-IN				
ARRIVAL DATE TI	ME DE	PARTURE DATE		TIME	
 Please use one (1) form for each room of NUMBER EACH PAGE ABOVE AS YOU Please type or print legibly (with blue of Please duplicate form as necessary. Us After each individual's name below, please (P) Participant/Competitor (A) Adult non Also, please circle M – Male or F – Fem Please note that the school and contact named school while on hotel premises. A \$25 per change fee will be assessed if Package A and Package E individuals contact named. 	ou Duplicate THIS r black ink only) to e this form only. PLI ase identify each peri- competitor (D) Dire ale. named on these hou	S FORM. enable the hotel to EASE DO NOT CF son occupying the ctor (Y) Youth non using forms are res to this form after s	process your res REATE YOUR OV room using the for recompetitor (under sponsible for all pe	ervation accurately. VN. bllowing codes: er 18yrs of age)	
Name (M / F)		Address		(
City State Zip		City		StateZip	
Emergency Contact		Emergency Co	ontact		
Phone ()		Phone ()		

THIS FORM IS DUE WITH REGISTRATION.
PLEASE DO NOT FAX THIS FORM. ALL ORIGINALS NEED TO BE SUBMITTED TO THE USA OFFICE.

Phone (

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City_____State___Zip___

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Address_____