

McCracken County Public Schools Hotel Reservation Request Form

Please complete the form below and attach to your requisition before asking for a hotel reservation. Up to 4 rooms may be requested on this form. Use multiple copies of this form if necessary for larger parties. If preferences for beds and smoking are not stated, room will be booked using least expensive room type.

Guest Names:	School:
Room 1: _____	_____
Room 2: _____	_____
Room 3: _____	_____
Room 4: _____	_____

Purpose of Trip/Conference Name: _____

Hotel Name: _____

Hotel Address: _____ **City/State:** _____

Hotel Phone #: _____ **Hotel Fax#:** _____

Check In	Check Out	# of Nights
Day: _____	Day: _____	
Date: _____	Date: _____	_____

	Bed Preference	Smoking Preference	Daily Rate
Room 1:	<input type="checkbox"/> 1 King <input type="checkbox"/> 2 Queen/Double	Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/>	_____
Room 2:	<input type="checkbox"/> 1 King <input type="checkbox"/> 2 Queen/Double	Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/>	_____
Room 3:	<input type="checkbox"/> 1 King <input type="checkbox"/> 2 Queen/Double	Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/>	_____
Room 4:	<input type="checkbox"/> 1 King <input type="checkbox"/> 2 Queen/Double	Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/>	_____

FOR FINANCE OFFICE USE ONLY:

Confirmation #:

Room 1: _____

Room 2: _____

Room 3: _____

Room 4: _____

TOTAL DAILY RATE: \$ _____ -

TOTAL HOTEL PRICE: \$ _____ -

Comments/Special Requests:

The Finance Office will inform you of your confirmation # when your reservation is made.