



Conference Housing Office
700 Woodland Ave., Bldg C
Lexington, KY 40526-0132

SUMMER CONFERENCES/CAMPS RESERVATION REQUEST

***NOTE UK ACCOUNTS:** If your program, camp, or conference is being supported by a grant or a cost share account, please include support documentation (i.e., mission statement, purpose, brochure or pamphlet) with reservation form. Your reservation request is not acceptable without documentation.

General Information

Name of Camp/Conference: _____
Estimated # of Participants: _____
Camp/Conference Dates: _____
Group Purpose: _____
*Account Number (UK only): _____

Group Sponsor/Primary Contact

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____ Speed Sort (UK only): _____
Phone: _____
Fax: _____
Email: _____

Group Age: (Check all that apply)

- | | |
|-----------------------------------------------|----------------------------------|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> College |
| <input type="checkbox"/> Junior/Middle School | <input type="checkbox"/> Adult |
| <input type="checkbox"/> High School | |

<u>Occupancy Type</u>	<u>Total # expected per occupancy type</u>	<u>Linens Needed</u>
<input type="checkbox"/> Single Youth	_____	<input type="checkbox"/>
<input type="checkbox"/> Double Youth	_____	<input type="checkbox"/>
<input type="checkbox"/> Single Adult	_____	<input type="checkbox"/>
<input type="checkbox"/> Double Adult	_____	<input type="checkbox"/>
<input type="checkbox"/> Male	_____	<input type="checkbox"/>
<input type="checkbox"/> Female	_____	<input type="checkbox"/>
<input type="checkbox"/> Married Couple	_____	<input type="checkbox"/>
<input type="checkbox"/> Disabled	_____	<input type="checkbox"/>