



# Hotel Reservation Form

Contact: \_\_\_\_\_

School: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Cost is \$114 per room, per night (2 nights). Checks payable to YMCA.**

Room #1 (Circle One)	Males	Females
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		

Room #3 (Circle One)	Males	Females
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		

Room #2 (Circle One)	Males	Females
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		

Room #4 (Circle One)	Males	Females
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		

**This is form \_\_\_\_\_ of \_\_\_\_\_ for my school.**

Return Fax or Email this form ASAP to:

Sam Adams

Fax (334) 269-2387 – Email: [sam@alyig.org](mailto:sam@alyig.org)