



Student Association

State University of New York College at Oneonta

Hotel Request Form

ORGANIZATION _____ DATES OF STAY _____

EVENT: _____

Preferred Hotel (if any) _____ City, State _____

Phone # _____ Fax # _____

2nd Choice _____ City, State _____

Phone # _____ Fax # _____

Room #1:	Room #2:	Room #3:
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

By signing this form, I attest that the requested usage is in support of a specific club activity and the persons listed are the only persons in attendance.

President: _____ Signature: _____ Phone: _____

Advisor: _____ Signature: _____ Phone: _____

Office Use Only

This request is: APPROVED DENIED by: _____ Date: _____

Confirmation #s: _____
Room #1 Room #2 Room #3 Room #4 Room #5 Room #6

Comments: _____

