

FFA Leadership Conference HOTEL RESERVATION FORM



April 10 – 12, 2024

This form must be completed and
Email to Groupreservations@chulavistaresort.com

***Email school district tax exempt form *with* this reservation form

School Name: _____ Primary Advisor: _____
School District: _____ Address: _____
Phone (with area code): _____ City: _____ Zip Code: _____
Email: _____
Tax Exempt Number: _____

Arrival Date: _____ Departure Date: _____

Room Types:	Price per Night
Single Occupancy	\$ 98 / Night
Double – Quad Occupancy	\$ 139 / Night
2 Bedroom Condo	\$ 289 / Night

(2 Bedroom condo includes the master king suite with a private bathroom, additional bedroom with 2 queen beds, living area with hot tub and sofa sleeper, plus a full size kitchen)

Payment Info:

Paying with (check one): _____ **Credit Card** (complete credit card authorization form sent with confirmation email)
_____ **Purchase Order** (send a copy of the purchase order after receipt of confirmation email)
_____ **Check** (send a check after you receive confirmation email for total due)

We will send you confirmation numbers and an estimated total.

Please provide first and last names of students & advisors/chaperones
*****Be sure to mark whether the room has students or adults staying in it*****

Room 1–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Room 2–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Room 3–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Room 4–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Room 5–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Room 6–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Room 7–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Room 8–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Room 9–Student ___ Adult ___

Type of Room: _____

1 _____

2 _____

3 _____

4 _____

Special Requests: _____

All school districts are expected to provide supervision for their students. In the event of an emergency or other need to find advisors or students, please sign if you give permission for FFA Executive Director, to have room numbers for all your delegates.

Signature of Advisor: _____

Copy this form if additional rooms are needed.

Group Code: FFA 2021 – K14285