



WINTER BLITZ 2011, JANUARY 28-30

If staying at a hotel please complete and send to hotel

(Crowne Plaza Fax: 502-366-2499)

Address: Crowne Plaza Hotel, 830 Phillips Lane, Louisville KY 40209

Church Name: _____

Contact Name: _____

Phone:(_____) _____, Cell:(_____) _____

Hotel Arrival Date: _____ Approximate Hotel Arrival Time: _____

Departure Date: _____ Transportation (Number & Circle) ___ Bus ___ Van(s) ___ Car(s)

Note: Crowne Plaza Check in time is 3:00 pm/Check out time is 12 noon. Arrivals after 5:00 pm must be guaranteed with credit card or direct bill account. To save on Sales Tax you MUST have Tax Exemption certificate on File and Pay with Church Check or Church Direct Bill Account. Winter Blitz leadership has requested that all room phones for outside calls & all movie channels be turn off to guest rooms.

Room Assignment (Hotel Use Only)	Number of Occupants	Type or Print each Name (First & Last)	Indicate Male or Female	Indicate Adult or Student
___ Single	1.	_____	M F	A S
___ Double	2.	_____	M F	A S
___ Triple	3.	_____	M F	A S
___ Quad	4.	_____	M F	A S
___ Single	1.	_____	M F	A S
___ Double	2.	_____	M F	A S
___ Triple	3.	_____	M F	A S
___ Quad	4.	_____	M F	A S
___ Single	1.	_____	M F	A S
___ Double	2.	_____	M F	A S
___ Triple	3.	_____	M F	A S
___ Quad	4.	_____	M F	A S
___ Single	1.	_____	M F	A S
___ Double	2.	_____	M F	A S
___ Triple	3.	_____	M F	A S
___ Quad	4.	_____	M F	A S

Summary of Rooms: _____ Singles, _____ Doubles, _____ Triples, _____ Quads

Total Rooms: _____ Signed: _____ Date: _____