



Please complete one form for each day. (Rev2022)
FORM MUST BE SUBMITTED 45 DAYS BEFORE COUNCIL BEGINS

Name of Auxiliary	
Contact Name	
Contact Auxiliary Title	
Phone Number	
Email Address	
Council (Month / Year)	
Event Date (Day/Date)	

Guest Speaker

Do you have a guest speaker that needs travel arrangements? Yes No

If yes: Hotel:

Flight:

Are there any special requirements needed?

Allergies?

****Travel coordinator will contact you to book arrangements ****

Staff Hotel Accommodations Request

Name	Phone #	Email	Dates Needed

