



IMPERIAL SESSION OF 2019

HOUSING REQUEST FORM

Please complete this form and return to: 2019housing@almenahshriners.org

This form is only to be used if you are requesting hotel rooms other than host hotel.

Temple Name: _____ Location: _____

2019 Potentate: _____ Email: _____

Housing Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ofc: _____ Cell: _____

Number of Hotel Rooms Required **NOT** at Headquarters: _____

Dates Needed: Check-In Date: _____ Check-Out Date: _____

Hotel Preference:

Choice 1: _____

Choice 2: _____

Choice 3: _____

Special Needs for Rooms (Handicap-Accessible, etc): _____

Number of Headquarter Rooms Required: _____

Estimated Number of Parade Units: _____

Description: _____

Estimated Ladies Luncheon tickets needed (in addition to reps ladies): _____

Estimated Representative Evening Tickets needed (in addition to reps ladies): _____

Children's activities requirements: _____

Comments: _____

(For 2019 Housing Use Only)

Date/Time Received: _____

Appointment Date/Time: _____

Appointment Confirmed: _____