



April 26-27, 2019
FFCCHA Quarterly Meeting Hotel Application
 Best Western Hotel
 3701 S W 38th Ave. Ocala, FL 34474 (off 1-75, exit 350, go west)

Hotel reservations are for one or two (2) nights (Friday evening, April 26th & Saturday evening, April 27th) while you are attending the FFCCHA Full Board meeting and Leadership Summit at The Early Learning Coalition of Marion County (exit 350, go East).

Limited number of hotel rooms available. Make your reservation early. First come, first served.

To qualify for room reservations recipients must:

1. Be a FFCCHA member.
2. Attend the State Full Board Meeting on April 27, 2019.
3. **Complete form(s) and send so they are received no later than April 12, 2019. No Exceptions!**
4. **Include full payment with this form or the application will not be accepted. Payments will be available online via Credit Card (cc) payments. Those making payments by cash/check/MO will be given discounted prices.**

Hotel **reservations** must be **made by FFCCHA!** Room reservations will **NOT** be made without the proper form(s) and the money submitted. Leadership Summit **training scholarship applications must be sent in with this hotel form.**

If you select option 1 or 3 below, please list your roommate preference. If you do not designate a roommate, one **will be assigned, if available.** All considerations will be taken in order to meet your request.

Hotel Reservations for April 26-27, 2019

Check one option:

Option 1 ___ Two people to a room for two nights. Each person pays **\$82.00 (cc)** or **\$79.00** (Cash /Check)

Option 2 ___ Single or Family Room for two nights. One payment of **\$164.00 (cc)** or **\$158.00** (Cash/Check)

Option 3 ___ Two people to a room for **ONE night only** – check: ___ Fri 02-22-19 or ___ Sat 02-23-19
 Each person **pays \$41.00(cc)** or **\$39.50** (cash /check)

Option 4 ___ Single or Family Room for **ONE night only** - check: ___ Fri 02-22-19 or ___ Sat 02-23-19
 One payment of **\$82.00 (cc)** or **\$79.00** (Cash /Check)

*Add'l charges: 3rd & 4th person in the room, add \$7each per night. Rollaway beds are additional \$10 per night

Your Name: _____ **Roommate Name:** _____

Email: _____ **Email:** _____

Please Read The Following Statement ----- Sign & Date!

I, the undersigned, do hereby state: the above information is correct to the best of my understanding. I understand that these rooms are being paid for with FFCCHA, Inc. money. Friends and family members may **NOT** use this room, unless I have chosen option # 2 or # 4. I understand that I will be assigned a roommate, if available. I understand if I do not attend the Full Board meeting, I will be responsible for the **full cost** of my hotel room. I understand my reservations will be voided if I do not abide by the guidelines of this contract.

Signature: _____ **Date:** _____

Please make money order or check payable to: **FFCCHA, Inc.**
 Returned checks will be assessed a \$47 fee in addition to the amount of the returned check. **NO REFUNDS.**

Mail to: FFCCHA, 1530 NW 124th Street, North Miami, FL 33167
 Any questions, please contact: FFCCHA (786) 274-2931 or JittaBugTrainings@gmail.com
Only completed form(s) with payment will be accepted and deadline will be strictly adhered to!

If you need an accommodation because of a disability in order to participate in the child care training process, contact FFCCHA at least two weeks prior to the first training date at (786) 274-2931 between the hours of 8:00a.m – 5:00p.m. Monday through Friday.

Completed forms will be dated as received, in case we exceed the allotted amount of FFCCHA room block. Your hotel reservation and scholarship **confirmation will be e-mailed to you by April 19, 2019.** Please print your e-mail address clearly.

Office Only: **Rec'd** **Payment Type** **Amount \$** **Member Date** **Scholarship: Approved/Denied**