



**November 1-2, 2019**  
**FFCCHA Leadership Summit & 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, November 1<sup>st</sup> & Saturday evening, November 2<sup>nd</sup>) while you are attending the FFCCHA Full Board meeting and/or training at The Early Learning Coalition (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. Per-register for the Leadership Summit and be in attendance for the entire Leadership Summit training and Full Board Meeting on November 2, 2019.
3. **Complete form(s) and send so they are received no later than October 18, 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. If also attending Sunday, **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 November 1-2, 2019**

Check one option:

**Option 1** \_\_\_ Two people to a room for two nights. Each person pays **\$ 88.00 (cc)** or **\$85.00** (Cash /Check)

**Option 2** \_\_\_ Single or Family Room for two nights. One payment of **\$176.00 (cc)** or **\$170.00** (Cash/Check)

**Option 3** \_\_\_ Two people to a room for ONE night only – check: \_\_\_ Fri 011-01-19 or \_\_\_ Sat 11-02-19  
Each person **pays \$44.00(cc)** or **\$42.50** (cash /check)

**Option 4** \_\_\_ Single or Family Room for ONE night only - check: \_\_\_ Fri 011-01-19 or \_\_\_ Sat 11-02-19  
One payment of **\$88.00 (cc)** or **\$85.00** (Cash /Check)

\*Add'l charges: 3<sup>rd</sup> & 4<sup>th</sup> person in the room, add \$7each per night. Rollaway beds are \$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 124<sup>th</sup> 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 October 18, 2019.** Please print your e-mail address clearly.

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