



HOTEL RESERVATION FORM

Please provide your housing coordinator information below. This person will interact with our convention team and will receive the confirmations.

Chorus/Quartet Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

On the following pages, please complete the information for each reservation – names and dates of arrival & departure. The lines are numbered with four lines for each reservation

_____ # of Thursday night rooms	@ \$145.00	_____
_____ # of Friday night rooms	@ \$145.00	_____
_____ # of Saturday night rooms	@ \$145.00	_____
	TOTAL	_____

Please mail form & check (payable to Midwest Harmony Region3) to:

Shelly Hughes
238 Bell Dr
Cary, IL 60013

Forms are due by March 1, 2023

Hotel Reservation Form

Chorus:

#	NAME		Room Type (king or 2 beds)	DATES		NOTES
	LAST	FIRST		ARRIVE	DEPART	
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Hotel Reservation Form

Chorus:

#	NAME		Room Type (king or 2 beds)	DATES		NOTES
	LAST	FIRST		ARRIVE	DEPART	
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Chorus:

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	LAST	FIRST		ARRIVE	DEPART	
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	LAST	FIRST		ARRIVE	DEPART	
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	LAST	FIRST		ARRIVE	DEPART	
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	LAST	FIRST		ARRIVE	DEPART	
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	LAST	FIRST		ARRIVE	DEPART	
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	LAST	FIRST		ARRIVE	DEPART	
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