



# AREA 3 2014 AC&C HOUSING

Return typed form to: [facilities@area3harmony.org](mailto:facilities@area3harmony.org)

Deadline Date: March 20, 2014 [or at HELP Day, March 1st]



Group Name:

Group Contact Name & Address:

Contact Phone # & Email:

**Chapter** Credit Card Number: Visa MC Exp. Date:

RM	Room Type Size [Single, Double, etc] & Name [Last Name, First]	Credit Card Type & & Number with Exp. Date	Arrival & Departure Dates [Don't leave blank – estimate]
1			
Any Special Needs?			
2			
Any Special Needs?			
3			
Any Special Needs?			
4			
Any Special Needs?			



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5			
Any Special Needs?			
6			
Any Special Needs?			
7			
Any Special Needs?			
8			
Any Special Needs?			



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9			
Any Special Needs?			
10			
Any Special Needs?			
11			
Any Special Needs?			
12			
Any Special Needs?			



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13			
Any Special Needs?			
14			
Any Special Needs?			
15			
Any Special Needs?			
16			
Any Special Needs?			



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17			
Any Special Needs?			
18			
Any Special Needs?			
19			
Any Special Needs?			
20			
Any Special Needs?			



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RM	Room Type Size [Single, Double, etc] & Name [Last Name, First]	Credit Card Type & & Number with Exp. Date	Arrival & Departure Dates [Don't leave blank – estimate]
21			
Any Special Needs?			
22			
Any Special Needs?			
23			
Any Special Needs?			
24			
Any Special Needs?			



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<b>Chapter</b> Credit Card Number: <span style="float: right;">Visa   MC   Exp. Date:</span>			
RM	Room Type Size [Single, Double, etc] & Name [Last Name, First]	Credit Card Type & & Number with Exp. Date	Arrival & Departure Dates [Don't leave blank – estimate]
25			
Any Special Needs?			
26			
Any Special Needs?			
27			
Any Special Needs?			
28			
Any Special Needs?			