

2025 WEST VIRGINIA YOUTH IN GOVERNMENT



Hotel Housing Request - **DUE FEBRUARY 10**

Delegation: _____ Advisor: _____

Please pre-assign rooms and list the names, delegate type, and gender for your participants. The YLA reserves the right to make changes in room assignments if needed. Identify Adults with an asterisk (*), and indicate with P if private room is requested (adults only- additional charge). **Fill entire room before starting on next one, if you do not we will have to finish filling them with students from another delegation.**

WE WILL BE STAYING AT THE 4 POINTS HOTEL IN 2025 - 600 KANAWHA BLVD. E

| Student __ | M __ | Room #1 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #2 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #3 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #4 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #5 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #6 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #7 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #8 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #9 |
|------------|------|---------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #10 |
|------------|------|----------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #11 |
|------------|------|----------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| Student __ | M __ | Room #12 |
|------------|------|----------|
| Adult __ | F __ | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Special Instructions:

RETURN THIS FORM WITH YOUR DELEGATION'S FINAL FEES NO LATER THAN FEBRUARY 10