

2024 VIRGINIA FCCLA
STATE LEADERSHIP AND RECOGNITION CONFERENCE – April 11-14
HOUSING FORM – page 1
Off-Site Oceanfront Hotel – Best rate for 2024

SEND THIS FORM (with page 2 list of names) DIRECTLY TO THE HOTEL:

Sandcastle Resort

1307 Atlantic Ave

Virginia Beach, VA 23451 Telephone: (757) 428-2828 FAX: (757)422-3184 Email: sales@pashmglobal.com

HOUSING FORM MUST BE EMAILED BY **FEBRUARY 20**
 TO RECEIVE GROUP RATE BASED ON ROOM BLOCK AVAILABILITY

1. Person responsible for group:

Name:		School:	
School Address:			
City, State, Zip:			
Adviser's Email:			
Adviser's Cell #:			
School Phone:		School Fax:	

2. Dates:

Check in date:		Check out date:		Estimated arrival time:	
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3. Deposit due at least three days prior to arrival. Please complete the information below in order to receive guest room confirmation numbers. Two night (Friday & Saturday) minimum stay required.

<input type="checkbox"/> Check enclosed	Check amount:	\$		or credit card information:
Credit Card #:		Card type:		Expiration date:
Name on card:		Signature authorizing charge:		

Rooms with two queen beds are available at the following rate:

\$131 plus 15% sales tax, \$2.00 per room per night occupancy tax for inclusive rate of **\$152.65** per room.
Complimentary continental breakfast is included.

Any reservation not canceled within **72 hours** of arrival will be charged one night's room and tax.

PLEASE INDICATE IF ANY OF THE ROOMS MUST BE HANDICAP ACCESSIBLE.

Note: All rooms are oceanfront with two queen beds and with private balconies. All have a refrigerator, microwave, coffee makers, iron/ironing board, safe, and hair dryer. Sandcastle has guest laundry, fitness center, vending machines, coffee and juice 24/7 in the lobby and indoor pool. There are two restaurants, a gift shop and a convenience store on site (seasonal).

Bus Parking: Bus parking will be provided based on availability. **Advanced notice** is required. Please indicate here the number of **buses** required for your group: _____

PLEASE USE "PAGE 2" OF THE HOUSING FORM TO LIST NUMBER OF ROOMS AND PERSONS TRAVELING WITH YOUR GROUP ASSIGNED TO EACH ROOM.

Send PAGE 1 & 2 of this form directly to the hotel by the postmark deadline. Keep a copy for your records.

(Use this page for reserving rooms at all hotels – attach to selected hotel-specific housing form.)

FCCLA Conference Housing Reservation – Page 2

Name: <input style="width: 95%;" type="text"/>	School: <input style="width: 95%;" type="text"/>
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All hotels in the FCCLA block are non-smoking.

Circle Room Choice	Names of Participants	Arrival Date	Departure Date	Confirmation # (If booked already)
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
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King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				

PLEASE INDICATE IF ANY OF THE ABOVE ROOMS MUST BE HANDICAP ACCESSIBLE.