



# Hotel Tracking Form

## Canopy Piloting Nationals

September 17 - 30, 2018

PARTICIPANT'S NAME: \_\_\_\_\_

DID YOU STAY IN A HOTEL? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

NAME OF HOTEL: \_\_\_\_\_

CITY OF HOTEL: \_\_\_\_\_

CHECK-IN DATE: \_\_\_\_\_ CHECK-OUT DATE: \_\_\_\_\_

NUMBER OF NIGHTS PER RESERVATION: \_\_\_\_\_

NUMBER OF ROOMS PER RESERVATION: \_\_\_\_\_

TOTAL NUMBER OF ROOM NIGHTS: \_\_\_\_\_

(number of room nights X number of rooms booked)

PLEASE COMPLETE THIS FORM AND RETURN TO: [Check in at Registration](#)