



CONFERENCE, HOUSING AND FACILITIES APPLICATION
333 THOMAS MORE PARKWAY
CRESTVIEW HILLS, KY 41017
(859) 344-3641

GENERAL.

Name of Group:			
Group Leader:	Telephone:	Fax:	
Address:	City:	State:	Zip:
Purpose for use of College facilities:		Dates:	
Approximate Group Size:			
Principal contact or Group Leader is responsible for payment and all other provisions identified in this application.			

FACILITIES.

Banquet Rooms:	Yes:	No:	
Classrooms:	Yes:	No:	Number Needed:
Meeting Rooms:	Yes:	No:	Number Needed:
Athletic Facilities/Fields:	Yes:	No:	Type:
Registration Area Setup:	Yes:	No:	
Access for Physically Challenged:	Yes:	No:	

HOUSING.

Number of Rooms Needed:	Single:	Double:	
Arrival Date and Time:		Departure Date and Time:	
Early Arrivals - Date:		Number:	
Group Size:	Males:	Females:	Families/Couples:
The Leader will remain with the Group and be responsible for the Group during the Stay at the College.			

FOOD SERVICE.

On-Campus Food Service:		Dates:		
Meals:	Breakfast:	Lunch:	Dinner:	Total:

Other Requests:

Representative's Signature

Date