

**DEADLINE  
DATE  
April 29, 2019**

**OUT OF STATE HOUSING REQUEST FORM  
OHIO GRAND CHAPTER**  
130th Session - "Nature's Life and Beauty"  
September 27 - 29, 2019 - Kalahari

**RESERVATIONS DUE  
BY April 29:**  
Barb Akers  
Housing Chairperson  
14811 Kneisel Road  
Vermilion, OH 44089  
440-315-7227  
oldkeywest1210@gmail.com

**Kalahari Hotel**      **Check in Time: After 4 p.m.**  
**Check Out Time: 11:00 a.m.**

**Out of State VIP Deadline Date - April 29, 2019**

**KEEP A COPY FOR YOUR RECORDS**

**\*\*PLEASE READ CAREFULLY\*\***

- \*\* ONLY ONE (1) ROOM REQUEST PER FORM. DUPLICATE HOUSING FORM, AS NECESSARY.
- \*\* Reservations must be submitted on Official Housing Request Form to the OES Housing Chairman
- \*\* Please type, or print very plainly to assure accuracy, and complete ALL INFORMATION REQUESTED, or your form will be returned.
- \*\* Provide name and title for each occupant (see space below) or attach a separate sheet if necessary:  
Form will be returned if this information is not included.
- \*\* Official confirmation will be sent to the individual (reservation name) requesting the room.
- \*\* **Room charges WILL apply for late check outs. CHECK OUT TIME: 11:00 a.m.**

**HOTEL INFORMATION**

Jurisdiction:	District #:	Chapter Name:	Home Phone (required):
Name:			Cell Phone (required):
Address:			
City:	State & Zip:	E-Mail:	Supply email for housing confirmation
Title (as of 9/25/19)			

**ROOM TYPES: (See room descriptions on other sheet and circle choice)**

Hut	Lodge	
Village	Combination	

**DATES REQUIRED**

Arrival Date:
Departure Date:

**NAMES OF ALL OCCUPANTS (Last Name, First Name & Title)**

Name:	
Title (as of 9/25/19)	
Name:	
Title (as of 9/25/19)	
Name:	
Title (as of 9/25/19)	
Name:	
Title (as of 9/25/19)	
Name:	
Title (as of 9/25/19)	
Name:	
Title (as of 9/25/19)	

**CREDIT CARD INFORMATION (must be completed)  
card will be charged for one night housing at time  
reservation made**

Credit Card Type:
Cardholder Name:
Credit Card Number:
Card Expiration Date:
Cardholder Signature:
Security Code:

**SPECIAL NEEDS OR REQUESTS:**

**Note change:**

**Make Checks Payable to: Kalahari Resorts**      Download additional forms from website: [www.ohiooes.org](http://www.ohiooes.org)

**NOTE CHANGE: TRANSPORTATION CHARGES ARE TO BE PAID BY YOU TO PERSON/COMPANY PROVIDING YOUR RIDE**

(Kalahari can provide transportation from Cleveland Hopkins International Airport for \$85 one way) questions, contact chairman JACK HARDY 419-944-6575