2025 First District YPD Annual Meeting Hotel Occupancy Form

**New Jersey Conference**

**AREA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Church**: | | **Pastor**: | |
| **City/ State/Zip**: | | | |
| **Local YPD Director**: | | | **Local Dir. Phone**: |
| **Emergency Contact for Room**: | | | |
| **Mobile/Cell Phone**: | | | |
| **Accommodations**:  Single  Double  Triple  Quad | | | |
| **Date of Arrival** (MM/DD/YYYY): | | | |
| **Date of Departure** (MM/DD/YYYY): | | | |
| **Full Name of First Person in Room**: | | | |
| ***Persons sharing the room with****:* | 2) | | Church: |
| 3) | | Church: |
| 4) | | Church: |
| **Hotel Room Rate (Hilton Stamford Hotel)**  **$179.00 per night, plus taxes *(not reflected)***  Please complete one (1) form for each room your church will need.  Contact Your Conference YPD Director for more information and to turn in rooming list form/payment to reserve your hotel room(s).  **Rooming list is due: August 11th, 2025**  **Full Hotel Payment Deadline: September 9th, 2025**  Completed hotel room list should be emailed to your Area Director and CC **Philippado@yahoo.com**  **Cash App (*$NJCYPD) or* Check made payable to NJC*YPD*, Memo Line should include *Full name, Church, # of rooms mail to* Philippa Olofintuyi 60 Marchmont Lane Willingboro, NJ 08046** | | | |