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** |