



**STATE FOOTBALL PLAYOFFS  
BOARD OF CONTROL HOTEL RESERVATIONS  
RETURN TO KHSAA ON OR BEFORE  
OCTOBER 19, 2007**

*KHSAA Form FB117  
Rev. 9/07*

**ROOM TO BE RESERVED COMPLIMENTARY AT THE EXECUTIVE INN FOR USE BY BOARD OF CONTROL MEMBER**

BOARD MEMBER:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
ARRIVAL DATE:	_____
ROOM TYPE OR OTHER SPECIAL REQUESTS	_____

**OTHER ROOMS TO BE RESERVED AT SPECIAL RATE 1 AT EXECUTIVE INN (TO BE BILLED TO CUSTOMER, MUST BE CONFIRMED ACCORDING TO HOTEL POLICY)**

NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
ARRIVAL DATE:	_____ DAYTIME PHONE NUMBER _____
ROOM TYPE OR OTHER SPECIAL REQUESTS	_____
CREDIT CARD BILLING INFORMATION (w/expire)	_____

NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
ARRIVAL DATE:	_____ DAYTIME PHONE NUMBER _____
ROOM TYPE OR OTHER SPECIAL REQUESTS	_____
CREDIT CARD BILLING INFORMATION (w/expire)	_____

NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
ARRIVAL DATE:	_____ DAYTIME PHONE NUMBER _____
ROOM TYPE OR OTHER SPECIAL REQUESTS	_____
CREDIT CARD BILLING INFORMATION (w/expire)	_____

NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP:	_____
ARRIVAL DATE:	_____ DAYTIME PHONE NUMBER _____
ROOM TYPE OR OTHER SPECIAL REQUESTS	_____
CREDIT CARD BILLING INFORMATION (w/expire)	_____

**NOTE: THESE RESERVATIONS WILL BE TURNED INTO THE HOTEL AROUND THE SECOND SATURDAY IN NOVEMBER. PLEASE DO NOT CALL THE HOTEL TO CONFIRM PRIOR TO DECEMBER 1 AS IT WILL RESULT IN A DUPLICATE RESERVATION**