

# Hotel Room Block Request Form

Request for 10 or More Rooms

**This is only a request and not a guarantee of overnight rooms, you will be notified if your request can or cannot be fulfilled.**

## Contact Information

<b>Name:</b>	
<b>Department:</b>	
<b>Phone:</b>	
<b>Email:</b>	

## Dates Needed

<b>Check In:</b>	
<b>Check Out:</b>	

## Room Requirements

	<b>Sunday Date</b>	<b>Monday Date</b>	<b>Tuesday Date</b>	<b>Wednesday Date</b>	<b>Thursday Date</b>	<b>Friday Date</b>	<b>Saturday Date</b>
<b># of Rooms Requested</b>							

If additional nights are needed outside of your date range above, please indicate here:

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**Please fill out this form in its entirety. Once the form is completed, please email it to [roomblockrequest@syr.edu](mailto:roomblockrequest@syr.edu).**