

SITE VISIT DATES REQUEST AND LODGING RECOMMENDATION FORM

Please fill in the information below and return to the Executive Office no later than 14 days.

CoARC Program ID#: _____

Institution name: _____

City: _____

State: _____

Zip: _____

Convenient Airport(s): _____

Distance from Airport(s) to Campus (one-way, in miles): _____

Name of Primary Contact for Program: _____

Position: _____

Email: _____

Work Phone: _____

In case of emergency or abrupt change in travel plans, please call: _____

Provide dates below for either **Monday/Tuesday** or **Thursday/Friday** that are **at least 3** months upon receipt of this form, but that are **not more than 5** months. Key Personnel and 1st and 2nd year students are required to be present for at least a portion of the visit (see site visit agenda). For example, if you received this form on July 15, then the dates would be from October 15 through November 15.

Site Visit dates (MM/DD/YYYY) - 1st choice: _____/_____/_____

Site Visit dates (MM/DD/YYYY)- 2nd choice: _____/_____/_____

Site Visit dates (MM/DD/YYYY)- 3rd choice: _____/_____/_____

Site Visit dates (MM/DD/YYYY)- 4th choice: _____/_____/_____

Also, provide three recommendations for a suitable hotel. It should be economical, but clean and safe. There should be a restaurant either in the hotel or within walking distance, if possible. **Note: The Team Captain will make hotel reservations with assistance from the Program Director.**

Hotel Name, Address, Phone #, and website URL	Distance from Program (one-way in miles)	AAA rating	Room Cost/night	Has Restaurant? (Y or N)	Shuttle Service (Y or N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If there are any questions, please contact Bonnie Marrs at the Executive Office at (817) 283-2835.