

Suffolk County Volunteer Firemen's Association



Ladies Auxiliary

2010 LAFASNY
Convention Committee
C/O Jean Christensen
387 Hillside Ave, West Sayville, NY 11796
fdaux@aol.com (631) 589-0594

OFFICIAL HOUSING APPLICATION

Reservations: Use only one housing form per room. A one nights deposit is required for each room requested. In order to use your tax form, deposit and final payment must be by check and the name on the check must match the name on your tax form. Checks are to be made out to SCVFALA Convention Committee and mailed to the address above. All cancellations must be made through our housing committee and must be in writing.

Islandia Marriott \$129.00 per night

Personal Information:

Name: _____

LAFASNY OFFICER: _____

Address _____

Telephone () _____

Room Type: Single____ Double____

Handicap _____ Other (List) _____

ALL ROOM ARE NON-SMOKING

PLEASE CIRCLE NIGHTS STAYING

Sun	Mon	Tues	Weds	Thurs	Fri
15	16	17	18	19	20