

School _____

Please put “(Director)” or “(Chaperone)” beside each director or chaperone name.
List below persons who will be sharing a room, and indicate the type of room preferred.

_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	One bed _____	_____	One bed _____
_____	Two beds _____	_____	Two beds _____
_____	_____	_____	_____
_____	_____	_____	_____

Attention - Informational Worksheet Only - Submit both front and back information online!
Housing Request Form available online October 27, 2025 at 5:00 p.m.

IOWA HIGH SCHOOL MUSIC ASSOCIATION
PO BOX 10, BOONE, IA 50036

2025 ALL-STATE FESTIVAL HOUSING REQUIREMENTS

(Must be received online by Wednesday, October 29, 2025, or we will not be able to guarantee your rooms)

☐ Our school requires housing ☐ Our school does NOT require housing ☐ Our school will be sharing with
(Name of school) _____

Indicate preference by numbering (1-14) on the provided lines. **Schools that do not indicate their preference for all 14 properties will be housed last.**

☐ AmericInn	☐ Best Western Univ Park	☐ Comfort Inn & Suites	☐ Country Inn & Suites
☐ Fairfield Inn & Suites	☐ Gateway Hotel	☐ Hampton Inn & Suites	☐ Hilton Garden Inn
☐ Holiday Inn Express	☐ Home2 Suites	☐ Quality Inn & Suites	☐ Spark (Radisson) Hotel
☐ SpringHill Suites	☐ TownePlace Suites		

Send confirmation to: Email _____

Name _____ Title _____

School _____ Address _____

City _____ ZIP _____ Phone () _____ Fax () _____

Business Manager Name _____ Bsns. Manager Email _____

Indicate the nights you need reservations with a checkmark:

☐ Wednesday, Nov 19 ☐ Thursday, Nov 20 ☐ Friday, Nov 21 ☐ Saturday, Nov 22

of one-bed rooms _____ # of two-bed rooms _____

Do you wish to have charges billed directly to the school? _____

Rooms with one or two students CANNOT be guaranteed a two-bed room.

Instructions: Do not telephone for reservations. Customers using Ames hotels must pay a 7% Motel Tax and a 5% State Excise Tax. Schools are not exempt from payment of these taxes. If you would like the hotel bill charged to your school, check the appropriate blank in the middle of this form. This will help checkout procedures. If the hotel of your choice is not available, you will be assigned to another hotel, in the order of preference you indicated online.

IMPORTANT: If two or more schools are having their students share rooms, those reservations must be included on a single form when submitted online to the IHSMA Office.

Attention - Informational Worksheet Only - Submit both front and back information ONLINE!!!