



## FAMILY AND FRIENDS LODGING AND MEALS

### NATIONAL VETERANS CREATIVE ARTS FESTIVAL DEADLINE: \_\_\_\_\_

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 35 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

All Festival participants, support staff, and volunteers will be staying at the \_\_\_\_\_.  
 Rooms will be available at this hotel for family and friends of Festival participants. If you wish to stay at the \_\_\_\_\_,  
 you must fill out this form, include payment, and return it to the \_\_\_\_\_  
 by \_\_\_\_\_.

**INFORMATION ON FAMILY MEMBER/FRIEND (Please print all information)**

NAME (Last, First, MI)	TELEPHONE NUMBER 1 <i>(Include area code)</i>	TELEPHONE NUMBER 2 <i>(Include area code)</i>
FAMILY/FRIEND OF A: <input type="checkbox"/> VETERAN PARTICIPANT <input type="checkbox"/> STAFF MEMBER  <input type="checkbox"/> OTHER _____	ADDRESS (Street, City, State and Zip Code)	RELATIONSHIP TO VETERAN/ STAFF/OTHER (Specify, i.e. spouse, caregiver, sister, friend, etc.)

**Air Transportation Information**

**AIR ARRIVAL INFORMATION**

DATE	TIME	AIRLINE	FLIGHT NUMBER
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**AIR DEPARTURE INFORMATION**

DATE	TIME	AIRLINE	FLIGHT NUMBER
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IF ROOMING WITH A PARTICIPANT, PLEASE CHECK ONE    PARTICIPANTS NAME: \_\_\_\_\_  
 ROOM WITH ONE KING BED @ \$ \_\_\_\_\_ PER NIGHT     ROOM WITH TWO QUEEN BEDS @ \$ \_\_\_\_\_ PER NIGHT

IF **NOT** ROOMING WITH A PARTICIPANT, PLEASE CHECK BELOW  
 ROOM WITH ONE KING BED @ \$ \_\_\_\_\_ PER NIGHT     ROOM WITH TWO QUEEN BEDS @ \$ \_\_\_\_\_ PER NIGHT

**NOTE:** Performers will arrive on Monday, 10/21 and artists will arrive on Wednesday, 10/23. Everyone will depart on Monday, 10/28.  
 PLEASE CHECK THE NIGHTS YOU ARE PLANNING TO STAY

\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

### **Lodging Payment**

The Festival organizing committee will make your lodging reservation for the dates you have indicated on the previous page.

I intend to pay for my lodging costs via credit card and will present my credit card to the hotel upon check-in.

Please include my name on the Festival master lodging list. I understand that my room will be reserved for the dates that I have indicated on the previous page, that I will receive the special Festival lodging rate, and I will not need to contact the hotel to make my reservation.

The Grand Sierra Hotel has an early check-out fee of \$50, except in the case of illness or and emergency situation. There is a \$200 fine for smoking in a non-smoking sleeping room.

### **Meal Plans**

Meal plans will be purchased upon arrival. In order to determine counts for each meal, we ask that you indicate on this form what meals you intend to purchase. You will pay for meal plans during main registration on Monday, October 21 or Wednesday, October 23. If you arrive after that date, please go to the Festival Headquarters Room at the Grand Sierra Hotel to purchase meals.

#### **Checks will be made payable to: Grand Sierra Resort-Meals**

The Grand Sierra Resort is unable to accept credit cards as a form of payment for meals.

**\*\*When plated (not buffet) meals are served, my preference is:**  MEAT  VEGETARIAN

**\*\*\*When dessert is served, I prefer a sugar-free dessert.**  YES  NO

Indicate below what meal plan you will purchase upon arrival.

I wish to purchase *(Select only one meal plan among options A, B, or C.)*

- PLAN A \$ (7 Dinners, 5 lunches, and 7 breakfasts) Includes Dinner on Sunday, 10/27.  
 PLAN B \$ (5 Dinners, 3 lunches, and 5 breakfasts) Includes Dinner on Sunday, 10/27.  
 PLAN C \$ (3 Dinners, 1 lunch, and 3 breakfasts) Includes Dinner on Sunday, 10/27.

Please submit the completed Family & Friends Lodging & Meals form by \_\_\_\_\_ to:

**Stephanie Torian**  
Host Site Coordinator (05/Vol)  
VA Sierra Nevada Health Care System  
975 Kirman Avenue  
Reno, NV 89502  
**Phone:** (775) 328-1411 / **Fax:** (775) 337-2276  
[Stephanie.Torian@va.gov](mailto:Stephanie.Torian@va.gov)