



**NORTH AMERICAN INTERCOLLEGIATE DAIRY  
CHALLENGE RESERVATION FORM**

Sunday April 6 – Tuesday, April 8, 2025  
Reservation Cut Off Date is **March 6, 2025**  
RATE PER NIGHT IS \$144 + TAX

**PLEASE MAIL, E-MAIL, FAX FORMS TO:**

Hilton University of Florida Conference Center Gainesville  
Attn: Christina Rodenwoldt  
1714 SW 34th St, Gainesville, FL 32607  
Phone: (352) 384-3412  
E-mail: [crodenwoldt@hiltongainesvilleuf.com](mailto:crodenwoldt@hiltongainesvilleuf.com)

**COLLEGE NAME:** \_\_\_\_\_

Onsite Coaches Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Rm #	Guest #	Guest First & Last Name	Male or Female?	King or Double?	Check-In Date	# of nights	Pay with CC # provided (✓ for yes)	Student or Coach?
#1	1							
	2							
	3							
	4							
#2	1							
	2							
	3							
	4							
#3	1							
	2							
	3							
	4							
#4	1							
	2							
	3							
	4							
#5	1							
	2							
	3							
	4							

**\*SEE PAYMENT OPTIONS ON NEXT PAGE\***

**COLLEGE NAME:** \_\_\_\_\_

**PAYMENT OPTIONS:**

**CREDIT CARD** – If you are paying with a credit card for your coaches’ rooms or additional students rooms, your credit card information must be provided below and returned with your reservation form. Please don’t forget to provide your expiration date and sign the form.

**CHECK** – If you plan to pay with a check, the check must be provided 2 weeks prior to arrival. Credit card information must also be provided below to guarantee payment.

\*\*Refer to the NAIDC housing instructions and room allotments, before completing this section. NAIDC will pay for Academy & Contest Students up to a certain allotment. Contact Jenna Langrehr [jlangrehr@wdexpo.com](mailto:jlangrehr@wdexpo.com) with any special housing accommodations needs before booking.

**CREDIT CARD AUTHORIZATION:**

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

I, \_\_\_\_\_, authorize the Hilton Gainesville to use this card as payment for rooms noted on my rooming list provided. Cancellations must be made 48 hours prior to the day of arrival, or first night’s room & tax will be charged. Arrangements for early departures must be made at time of check-in to avoid early departure fees.

\_\_\_\_\_  
*Cardholder Signature*

\_\_\_\_\_  
*Date*

**SPECIAL NOTES:**

If you are a coach that would like to share a room with another coach, please list that here:

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

**REMINDER: NAIDC will pay for STUDENT ROOMS within the allotment for Sunday, Monday and Tuesday nights. Any rooms outside of those three nights are the responsibility of the university.**

**SMOKE FREE HOTEL FEES**

All Hilton hotels are 100% smoke free. Any verifiable evidence exists that smoking has occurred in a guestroom or non-designated area, a room recovery fee of \$250.00 per incident will be charged to the registered guest. If payment cannot be obtained from the individual guests’ method of payment, your organization will be responsible for such fees.

\_\_\_\_\_ Initials