



WCEA Visiting Team Hospitality Needs and Preferences

Team Member Name: _____

Mailing Address: _____

Work Telephone: _____

Work E-Mail: _____

Personal/Mobile Telephone: _____

Personal E-mail: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Medical Alerts/Conditions: Please note any medical conditions that may require accommodation during the pre-visit or visitation so that the school can prepare for the team's needs. This information will be kept confidential but will help the school prepare as needed.

Accommodations: Please check any that apply so that the school can coordinate our team's accommodation needs.

- ☐ Hotel – Private Room
- ☐ Hotel – Shared Room
- ☐ Hotel – None Needed
- ☐ Mileage – Reimbursement Needed
- ☐ Other: _____

Food: The school will supply breakfast, lunch, snacks and dinner on days 1 and 2 of the visit and breakfast and lunch on day 3 – please note preferences below so they can coordinate the team's hospitality needs.

Favorite Snack Foods: _____

Favorite Lunch Foods: _____

Favorite Dinner Foods: _____

Favorite Beverages: _____

Allergies to Food: _____

Any Foods that You Dislike: _____

Comments: _____
