

CAREER AND TECHNICAL STUDENT ORGANIZATION

DECA HOUSING RESERVATION

E-MAILS WILL NOT BE ACCEPTED!

MAIL ALL HOUSING FORMS to:

The Broadmoor Hotel
Reservations Department
One Lake Avenue
Colorado Springs, CO 80906

DUE: January 16, 2026

To facilitate registration, all students will be listed under their school's name. Parents and other interested parties should be advised to ask for the advisor when trying to reach the students, as all advisors' names will be listed separately. The entire room rate will be placed on one advisor's room. No charging by students will be permitted. All rooms will be preassigned, with schools being grouped together. Since single accommodations are unavailable except for advisors, students will automatically be grouped. Chapters sharing chaperones MUST register together.

Direct bill rooms to the following:

Lead Advisor _____ Male ____ Female ____
Last Name First Name

Lead Advisor e-mail address _____

Lead Advisor cell phone number _____

School Name _____

City _____ State _____ Zip _____

Phone _____

Hotel Preference _____ Broadmoor _____ DoubleTree Hotel

_____ Cheyenne Mountain Resort _____ No Preference

Rooming List room 1-4 – ALL Advisors and Chaperones **ONLY** (Only king beds are available for Advisors and

Chaperones)

Room	Name	Male / Female	Advisor / Chaperone
Room 1		M / F	A / C
		M / F	A / C
Room 2		M / F	A / C
		M / F	A / C
Room 3		M / F	A / C
		M / F	A / C
Room 4		M / F	A / C
		M / F	A / C

Shared Chaperones:

List all chaperones name(s) who you will be sharing with another chapter, and the name of the school:

Arrival Date: _____

Departure Date: _____

ADVISOR PLEASE INITIAL EACH ITEM AND SIGN:

_____ I understand the Broadmoor expects full payment prior to arrival at the Colorado DECA Career Development Conference.

_____ I will check out of the hotel by NOON on Tuesday, February 24th, 2026 unless prior arrangements are made.

_____ I will guarantee payment of room charges incurred by DECA students and/or advisors from my chapter.

_____ I will agree to pay for any damages or theft related to the room(s).

_____ I will agree to notify the hotel of any changes in reservations seven (7) days prior to arrival.

_____ I will agree that my chapter will accept the responsibility for one night room charge for each room not checked out at the assigned time excluding the advisor room.

(Signature of Lead DECA Advisor)
Digital signature will not be accepted

- * **Please complete the Excel file listing all of your students by first and last name, organized into separate columns for males and females. Please also note on your list if any student(s) is handicapped in order for the hotel to secure appropriate accommodations.**
- * It is only necessary to contact the hotel if you have changes in TOTAL NUMBERS of female students or male students. (1-719-471-6149)
- * A complete list of student's names and room assignments will be required by each advisor immediately after check in. (This is especially helpful for the telephone office and security/emergency reasons.)

Total Number MALE Students	
Total Number FEMALE Students	

*****Very important***** (If this does not apply, please leave blank)

Our school district policy has set a limit on the number of students per room:

Yes: **How many:**