



NORTH AMERICAN INTERCOLLEGIATE DAIRY CHALLENGE RESERVATION FORM

Sunday April 12 – Tuesday, April 14, 2026
 Reservation Cut Off Date is **March 10, 2026**
 RATE PER NIGHT IS \$144 + TAX

PLEASE MAIL, E-MAIL, FAX FORMS TO:
 Sheraton Sioux Falls Attn: Kelli Whiteing
 1211 North West Avenue Sioux Falls, SD 57104
 Phone: 605/367-9690
 E-mail: kelli.whiteing@atriumhospitality.com

COLLEGE NAME: _____
 Onsite Coaches Name: _____
 Address: _____
 Office Phone: _____ Cell Phone: _____
 E-mail: _____

Rm #	Guest #	Guest First & Last Name	Male or Female?	King or Double?	Check-In Date	Check-out Date	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 Hotel must receive the check (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 jangrehr@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 Sheraton Sioux Falls 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, at least 48-hours in advance of scheduled departure date, to avoid an early departure fee of one night’s room & tax.

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 Sheraton 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 may 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