

HOTEL RESERVATION FORM

FOR OFFICE USE ONLY:

DATE RECEIVED:

NOTE: RESERVATIONS WILL NOT BE ACCEPTED IF THIS FORM IS NOT
COMPLETELY FILLED OUT WITH DEPOSIT.

PLEASE PRINT

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GROUP LEADER _____

HOME PHONE _____ WORK PHONE _____ FAX _____

CELLULAR _____

SHARING ROOM WITH _____

ADJOINING ROOM WITH _____

SMOKING

NON-SMOKING

King Bed

2 QUEEN BEDS