

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

Package 1

Rush Tower Newly Opened

King Bed Only

Package 2

Gold Tower

King Bed

Double Bed

Package 3

Carson Tower

King Bed

Double Bed

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