



Name of Tour Operator/Group: _____

Name of Tour/ Group arriving: _____

Date Requested: _____

Rooms required: _____

Room Types needed: 2 Queen beds: _____

1 Queen bed and 1 Queen sofa Bed _____

Handicap accessible rooms– max 2 rooms: _____

Number of people per room: Quad occupancy: _____

Double occupancy: _____

Total Children: _____

Billing:

Individuals: Room & Tax Incidental No room block/reserve rate only

Master Account: Room & Tax Incidental Meeting Space

Direct Bill: Yes

Credit Card: Yes

Deposit Required: Amount: \$ _____ Due Date is the same day as the rooming list: _____

Type of Credit Card: Visa MasterCard Amex

Card # : _____ Expiry date: _____

Signature: _____

