



## HOTEL REQUEST FORM

FAMILY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF INDIVIDUALS IN ROOM: \_\_\_\_\_

ROOM SIZE: (example 2 double beds) \_\_\_\_\_

SMOKING/NON-SMOKING \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SPECIAL REQUESTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_