



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

