



**RESERVATION FORM**

DATE: \_\_\_\_\_ GROUP NAME: CIRCA 2010

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

ROOM RATE (ROH): **\$145.00 per room per night, single or double occupancy.**  
Group Rate is net/ non-commissionable and is subject to the following taxes and service fees: 11% government tax, 14% hotel service fee, \$5.00 per person one time portorage fee and a \$1.00 per person in room per night fee for maid services.

Type of accommodation:  
Traditional King \_\_\_ Double \_\_\_  
Number of guests \_\_\_ Number of Children \_\_\_  
Rollaway \_\_\_ Crib \_\_\_

Guaranteed by: \_\_\_\_\_ CC Type: \_\_\_\_\_  
Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_ / \_\_\_\_\_  
Signature: \_\_\_\_\_

Guest Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Special Remarks:  
• The rate is inclusive of one (1) Breakfast Buffet per room per night. A one night deposit of room, tax and hotel fee will be charged upon booking the reservation.

Confirmation number: \_\_\_\_\_  
Reservation agent: \_\_\_\_\_