

THIS FORM MUST BE PRINTED IN INK OR TYPED.
ANY ILLEGIBLE FORMS WILL BE RETURNED.



HOTEL RESERVATION FORM

Regional Competition
April 15-18, 2010

<i>Office Use Only</i>
<i>Hotel Assignment:</i>

Chorus/CAL Name _____

Guests in Room _____

Arrival Date: Wed 04/14 Thu 04/15 Fri 04/16 Sat 04/17

Departure Date: Fri 04/16 Sat 04/17 Sun 04/18

All rooms are non-smoking.

If competing quartet,
list quartet name: _____

Special Requests:
(rollaway, extra pillows, etc.) _____

CREDIT CARD INFORMATION

All room charges (room/tax, phone calls, incidentals, etc.) will be charged to the credit card listed below.

Cardholder's Name: _____

Credit Card Type: _____ Expiration Date: _____
MasterCard, Visa, Amex, Discover

Credit Card Number: _____

Cardholder's Signature: _____