

CROWE'S HOUSING SPECIALIST (CHS)

Phone (757) 587-2131 • Fax (757) 587-3107 • E-Mail c.rooms@cox.net

COMPLETE THE RESERVATION FORM BELOW AND FORWARD IT TO US. SELECT YOUR FIRST 3 CHOICES OF HOTELS. IF YOU ARE RESERVING A BLOCK OF ROOMS FOR YOUR GYM, PLEASE SEND A ROOMING LIST WITH NAMES, ARRIVAL AND DEPARTURE DATES, AND CREDIT CARD INFORMATION TO RESERVE ROOMS. JANUARY 19th, 2009 IS THE CUT OFF FOR RESERVATIONS. PLEASE RESERVE ROOMS ASAP, THERE IS PLENTY OF TIME TO MAKE CHANGES!!

PLEASE FAX INFORMATION TO: (757) 587-3107 OR EMAIL TO: C.ROOMS@COX.NET

HOTEL REQUEST FORM – EXCALIBUR CUP 2009
ATTENTION: VICTORIA CROWE

Name: _____ Gym Name: _____

Contact name: _____ E-Mail: _____

Address: _____ City: _____ State: ____ ZIP: _____

Daytime phone: (____ ____) ____ ____ - ____ ____

Fax: (____ ____) ____ ____ - ____ ____

Credit Card Information

Credit Card Type: American Express Visa Master Card

Credit Card Number: _____ Expiration Date: ____ / ____ / ____

Billing Name: _____

Billing Address: _____ City: _____ State: ____ ZIP: _____

Hotel Request

1st choice _____ 2nd choice _____

3rd choice _____

Arrival Date _____ Departure Date _____

Number of Rooms _____

ROOMS WILL HAVE 2 BEDS UNLESS OTHERWISE SPECIFIED - MAKE ALL REQUESTS (NON SMOKING, ADJOINING, ETC) ON THE ROOMING LIST. REQUESTS ARE NOT GUARANTEED.