

**CROWE'S HOUSING SPECIALIST (CHS)**

Phone (757) 288-6123 • 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. PLEASE FEEL FREE TO RESERVE A BLOCK OF ROOMS FOR YOUR ENTIRE GYM..

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

**HOTEL REQUEST FORM – EXCALIBUR CUP 2010**  
**ATTENTION: VICTORIA CROWE**

Name: \_\_\_\_\_ Gym: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone: ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

Fax: ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

**Credit Card Information**

Credit Card Type:       American Express       Visa       Master Card       Discover

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.**