

Hotel Room Reservation Form

Return This Form To Your Chorus Housing Representative
(NOTE: Deadline to Return This Form to Glenda Hudgens is February 19, 2010.)

| | |
|--|---|
| CHORUS NAME: | COMPETING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| QUARTET NAME (only if competing): | |
| Note: If you want 2 rooms, please complete 2 separate hotel room reservation forms. | |
| ROOM CAPTAIN: | ROOMMATES: |
| Name: | (2) |
| Address: | (3) |
| City/State/Zip: | (4) |
| E-mail: | Special Requests: <input type="checkbox"/> Smoking (Subject to availability.) <input type="checkbox"/> Handicap* <input type="checkbox"/> Refrigerator* |
| Phone: | |

| REQUESTED ACCOMMODATIONS: | | | | | |
|--|-------------------------------|---|---|-------------------------------|--------------------------------|
| | 3/24 | 3/25 | 3/26 | 3/27 | 3/28 |
| Arrival on: (check) | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | | |
| Departure on: (check) | | | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Check in time is 3:00 p.m. and Check out time is 12 noon. | | | | | |
| <input type="checkbox"/> Double / Double: | \$120.51* | <input type="checkbox"/> Standard King: | \$120.51* | | |
| <input type="checkbox"/> Executive King: | \$132.21* | <input type="checkbox"/> Junior Suite | \$155.61* | | |
| <input type="checkbox"/> Parlor King: | \$179.01* | Special Requests Room | Special Requests Room | | |
| <input type="checkbox"/> Smoking: <i>Subject to availability at time of request. Only one floor has smoking rooms available.</i> | | <input type="checkbox"/> Handicap Room | <input type="checkbox"/> Refrigerator for Medical Needs <u>Only</u> | | |
| * Rate above includes 17% tax. | | | | | |
| METHOD OF PAYMENT: | | | | | |
| <input type="checkbox"/> Individual credit card (only one credit card per room needed to guarantee). | | | | | |
| <input type="checkbox"/> Chorus check (attached) or credit card. | | | | | |
| Name as printed on card: | | | | | |
| Card Type: | <input type="checkbox"/> Visa | <input type="checkbox"/> MC | <input type="checkbox"/> AmEx | <input type="checkbox"/> Disc | <input type="checkbox"/> Check |
| Card Number: | | | | Expiration: | |

NOTE TO CHORUS CONTACT – PLEASE SEND ALL ROOM FORMS TOGETHER TO:
Glenda Hudgens – 5229 Fulwell Drive, Corpus Christi, TX 78413-3710
Rhudgens@stx.rr.com (home & fax) 361-993-0280