

Date Rec. _____

Resv. No. _____

HOTEL RESERVATION FORM
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR
APRIL 19, 20, 21, 2011

Reservations must be received by March 1, 2011

MAIL TO: Michael H. Feit, Housing Chairman
P.O. 65387
Orange Park, FL 32065-0007

PHONE: (904) 264-2040 Home
FAX (904) 269-8174
E-mail: oesjoy@comcast.net

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **March 1, 2011**.
2. Hotels below **WILL NOT** take telephone reservations for special OES Rates.
3. **DO NOT SEND ANY MONEY WITH THIS FORM.** A **confirmation will be sent directly from the hotel**
Please complete the bottom of this form regarding billing information for the hotel use. Confirmations will not be made without this information.
4. Cancellations must be made **5** business days before arrival with the hotel to avoid forfeiture of deposit
5. After **March 30th**. **All** changes in reservations, cancellations or additional rooms should be made directly with the assigned hotel. **Any alterations to arrivals/departure dates must be made 5 business days prior to arrival.**
Any alterations to original reservations made less than 5 business days will result in hotel guest being responsible for full payment of original reservation.
6. Hotel assignments will be based on availability.
7. My signature acknowledges all conditions as stated above.

Hotels: **Parking "FREE" At Both Properties**

_____ Renaissance Resort – World Golf Village, 500 S. Legacy Trl., St. Augustine, FL 32092
\$ 99.00 plus tax (1 to 4 per room) (**Headquarters & Session**) (**4 Night Minimum**) **100 % Smoke Free!**

_____ Comfort Suites at World Golf Village, 475 Commerce Lake Dr., St. Augustine, FL 32095
\$ 99.00 plus tax (1 to 4 per room) **100 % Smoke Free!**

ROOM TYPE: (PLEASE CHECK) _____ One Person _____ Two People _____ Three People _____ Four People
_____ 2 Doubles _____ King

SPECIAL REQUEST: Handicap _____ Other _____ **NOTE: ALL handicap rooms only have One (1) King bed !**

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

PLEASE PRINT OR TYPE BELOW

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: () _____ E-Mail _____

Names and Titles of additional room occupants:

2. _____ 3. _____

4. _____

CREDIT CARD INFORMATION (Hotel will not accept reservation without a credit card guarantee)

CARD TYPE: VISA: _____ MASTERCARD: _____ AMEX: _____ DISCOVER: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

NAME OF CARD HOLDER: _____

SIGNATURE: _____



BY CHOICE HOTELS