

MILLION MAN MARCH OCTOBER 15-21, 2014 GROUP REFFERENCE #: 262573

INDIVIDUAL RESERVATION REQUEST FORM

MAKE RESERVATION EARLY FOR BEST AVAILABILITY!

RESERVATION INFORMATION: Check-in Time: 3:00pm; Check-out Time: 12:00noon				
No. of Persons: Arrival Date: Departure Date: Arrival Time:	 am/pm			
Room Type	Rates per night			
Standard: Jr. Suite: 2 Bedroom Townhouse	Sgl:US\$112.00; Dbl:US\$124.00 Sgl:US\$138.40; Dbl:US\$150.40 Sgl:US\$215.20; Dbl:US\$227.20			
10% GCT, 10% Service Charge and US\$4 special room taxes are included in the above quoted rates.				
Type of bed requested:	2 doubles / 1 King			
 ◆All reservations will be made based on available room category. ◆The Knutsford Court Hotel will provide confirmation of your booking within 48 hours of receipt of this form. ◆ Additional Person(s), third & Fourth Occupant, US\$12.00 per person additional to the double rate. ◆ Children two (2) years and under sharing room with paying adults are at no additional charge. ◆ Complimentary Knutsford Sunrise breakfast buffet is served daily and free internet access is available in-room and throughout the property. ◆ Room rates & availability is not guaranteed after September 15, 2014. ◆ One night's deposit will be charged to the CC provided before the reservation request is processed. CC provided does not have to be the same one used to complete payment upon arrival. ◆ The name used on this form should be the name printed in the passport of the person requesting the reservation. 				
Requests: (subject to availability):				
Additional bedding: Sometimes Someti	ofa bed / Rollaway / Crib			

CONTACT INFORMATION:

(Please use name in passport)

Ms.	Mrs.	Mr.	Other
First Nar	me:		
			State:
Country:			Zip Code:
Telephor	ne:		
Fax:			
Email:			

PAYMENT INSTRUCTIONS:

*CC provided will be charged for 1 night as guarantee.
*Reservations will not be processed without a first night's deposit by credit card.

*Deposits will be forfeited if cancellation is not made by September 15, 2014.

American	Express;	visa;	Master Card	Discover

Card Number:	
Expiry Date:	
Cardholder Name:	
Signature:	

To make hotel reservations, changes/queries:

Email:

sales3@courtleigh.com / salesmgr@courtleigh.com
Call:

876-929-1000; 876-936-3570 (Mon-Sat 9-5). *Fax:*

876-906-2224