

# Lancaster Host Resort Room Reservation Request Form

Eastern Chapter FNAWS

Thursday, January 28 - Sunday January 31, 2010

<p><b>Rates Quoted Per Room Per Night European Plan (Room Accommodations)</b></p> <p>\$95.00 Per Room, Per Night, Single Occupancy \$95.00 Per Room, Per Night, Double Occupancy \$95.00 Per Room, Per Night, Triple Occupancy \$95.00 Per Room, Per Night, Quad Occupancy</p> <p>Children ages 17 and under are FREE in parent's room (First two persons in room are considered adults)</p> <p>There will be a \$15.00 charge, per day, for a roll-away bed</p> <p>NOTE: All rates are subject to a 6% PA State Tax, 3.9% county tax, and a 1.1% excise tax equaling a total of 11%.</p>	<p>* One night's deposit, plus 11% state occupancy tax, which will be credited to the last scheduled night of your stay, must accompany form to confirm reservation.</p> <p>* Please make check payable to: LANCASTER HOST RESORT. Major credit cards are accepted at hotel, as well as for deposits.</p> <p>* LANCASTER HOST RESORT 2300 Lincoln Highway East Lancaster, PA 17602 FAX: 717.295.5112 PHONE: 717.299.5500</p>
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Check Type Of Room Requested:

- Single Occupancy  
 Double Occupancy - King Bed  
 Double Occupancy - Two Double Beds  
 Triple Occupancy - Two Double Beds  
 Quad Occupancy - Two Double Beds  
 Smoking Room     Non-Smoking Room  
\*\*  Will Be Sharing Room

NOTE: Guaranteed reservations not cancelled **48 hours** prior to the day of arrival will forfeit one night's deposit

**ROOM TYPE IS BY REQUEST AND EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST**

No Phone Reservations will be accepted

Please Fill Out Only One Form For Each Room Needed. Please Print Or Type The Following Information:

NAME: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

\*\* ROOMMATES: \_\_\_\_\_ CHILDREN(S) AGES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

\*IF CREDIT CARD DEPOSIT:

- American Express     Visa     Master Card     Discover

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Credit Cards Will Be Charged Upon Receipt Of Reservation**

**Check-In After 4pm ----- Check-Out 11am**