

# Lancaster Host Resort Room Reservation Request Form

Eastern Chapter FNAWS

Thursday, January 28 - Sunday January 31, 2010

## Rates Quoted Per Room Per Night European Plan (Room Accommodations)

\$69.00 Per Room, Per Night, Single Occupancy  
\$69.00 Per Room, Per Night, Double Occupancy  
\$69.00 Per Room, Per Night, Triple Occupancy  
\$69.00 Per Room, Per Night, Quad Occupancy

Children ages 17 and under are FREE in parent's room (First two persons in room are considered adults)

There will be a \$15.00 charge, per day, for a roll-away bed

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%.

\* 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.

\* Please make check payable to: LANCASTER HOST RESORT. Major credit cards are accepted at hotel, as well as for deposits.

\* LANCASTER HOST RESORT  
2300 Lincoln Highway East  
Lancaster, PA 17602  
FAX: 717.295.5112  
PHONE: 717.299.5500

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

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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**

## OFFICE USE ONLY

Number of Comped Rooms \_\_\_\_\_ Total Amount Due: \_\_\_\_\_ Paid By Guest \_\_\_\_\_ Paid By ECFNAWS \_\_\_\_\_