

Date Rec. _____

Resv. No. _____

HOTEL RESERVATION FORM
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR
APRIL 25, 26, 27, 2017

Reservations must be received by April 1, 2017

MAIL TO: Michael H. Feit, Housing Chairman
P.O. 65387
Orange Park, FL 32065-5387

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

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **April 1, 2017**.
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. Credit card **may** be charged 1st. night deposit 30 days prior to Arrival date.
5. Cancellations must be made **5 business days before arrival with the hotel to avoid forfeiture of deposit**
6. After **April 1st**, 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.**
7. "Early Departure Fee" (\$50.00) **may** be charged for *not* staying required ***4 night minimum at Headquarters Hotel.***
8. Hotel assignments will be based on availability.
9. 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!***

_____ Holiday Inn Express & Suites 2300 State Rd. 16, St. Augustine, FL 32084
 \$ 89.00 plus tax (1 to 4 per room) (**Overflow Hotel**) ***100 % Smoke Free!***

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

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

ARRIVAL DATE: APRIL, _____ 2017 **DEPARTURE DATE:** APRIL, _____ 2017

PLEASE PRINT OR TYPE BELOW

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____

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

Names of additional room occupants: required because of 911 / Homeland Security

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: _____

Form Approved by the Worthy Grand Matron

Please **DO NOT** write below line

of Nights _____

(OFFICE USE ONLY)