

Date Rec. \_\_\_\_\_

Resv. No. \_\_\_\_\_

**HOTEL RESERVATION FORM  
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR  
APRIL 20, 21, 22, 2021**

**Reservations must be received by April 1, 2021**

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

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

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **April 1, 2021**.
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 1<sup>st</sup>. 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 5<sup>th</sup>**, **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"(\$100.00) may** be charged for **not** staying required **4 night minimum at Headquarters Hotel.**
8. Hotel assignments will be based on availability.
9. The/My signature below 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 475 Commerce Lake Dr., St. Augustine FL 32095 ( This is a FULL Service Property )  
 \$ 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 2021 **DEPARTURE DATE:** APRIL 2021

**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 **AND** signature)

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)