

Date Rec. _____

Resv. No. _____

HOTEL RESERVATION FORM
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR

APRIL 5,6,7, 2022

Reservations must be received by March 15, 2022

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

- Reservations **must** be made through the Housing Chairman **ONLY**, by **March 15, 2022**.
- Hotels below **WILL NOT** take telephone reservations for special OES Rates.
- 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.
- Credit card **may** be charged 1st. night deposit 30 days prior to Arrival date.
- Cancellations must be made **5 business days before arrival with the hotel to avoid forfeiture of deposit.**
- After **March 15st**, **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.
- "Early Departure Fee" (\$100.00) **may** be charged for not staying required 3 night minimum at Headquarters.
- Hotel assignments will be based on availability.
- The 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
 \$ 103.00 plus tax (1 to 4 per room) (**Headquarters & Session**) (**3 Night Minimum**) 100 % Smoke Free!
 _____ Holiday Inn St. Augustine, FL. 475 Commerce Lake Dr. 32095
 \$ 91.00 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 2022 DEPARTURE DATE: APRIL 2022

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)