

Date Rec. _____

Resv. No. _____

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

APRIL 18,19,20, 2023

Reservations must be received by March 20, 2023

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 20, 2023**.
- 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.

Hotel: _____ Self Parking **"FREE"** At This Property

_____ 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!**

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 2023 DEPARTURE DATE: APRIL 2023

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)

Revised 3/3/22

[Type here]