

Date Rec. _____

Resv. No. _____

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

APRIL 6, 7, 8, 2027

Reservations must be received by March 20, 2027

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 **March 20, 2027**.
2. Hotel 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 **March 20th**, All changes in reservations, cancellations or additional rooms should be made directly with the 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 **3 night minimum at Headquarters.**
8. Hotel assignments will be based on availability.
9. The signature below acknowledges all conditions as stated above.

Hotel:

_____ 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 2027 **DEPARTURE DATE:** APRIL 2027

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)