

SUPERLODGE
RT. 28, NYS THRUWAY EXIT 19
KINGSTON, NY 12401
(845) 338-4200 FAX (845) 339-3044

GROUP ROOM RESERVATION FORM

TENTATIVE (RELEASE DATE) _____

DEFINITE

CANCEL

ORGANIZATION NAME: _____

LIST AS: _____

CONTACT _____ TITLE: _____

PERSON IN CHARGE: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TEL: _____

METHOD OF PAYMENT

- FULL ADVANCED PAYMENT
- INDIVIDUALS PAY OWN ROOM, TAX & INCIDENTALS
- ROOM & TAX TO MASTER ACCOUNT, INDIVIDUAL PAYS INCIDENTALS
- ALL CHARGES TO MASTER ACCOUNT/DIRECT BILLING REQUESTED
- DEPOSIT REQUESTED AMOUNT \$ _____ BY _____
- OTHER _____

RESERVATIONS

- ROOMING LIST _____ DAYS IN ADVANCE
CUTOFF _____
- INDIVIDUAL CALL IN CUTOFF: _____
- RESERVATION CARDS/
CUTOFF DATE _____
- OTHER _____

SLEEPING ROOM COMMITMENTS

DAY	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
DATE							
SINGLE							
DOUBLE							
TRIPLE							
QUAD							
SUITES							
TOTAL							
ACTUAL PICKUP							

RATES _____ **TAX** _____

SINGLE _____

DOUBLE _____

TRIPLE _____

QUAD _____

SUITES _____

NET

COMMISSIONABLE

ADDITIONAL COMMENTS: _____

COMPLIMENTARY ARRANGEMENTS: _____

SALESPERSON: _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____