Date Rec._____ **Resv. No._____**

HOTEL RESERVATION FORM
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR
APRIL 20, 21, 22, 2010
Reservations must be received by March 1, 2010

MAIL TO: Michael H. Feit, Housing Chairman
P.O. 65387
Orange Park, FL 32065-0007

PHONE: (904) 264-2040 Home
(904) 269-8174 FAX
E-mail: oesjoy@comcast.net

1. Reservations **must** be made through the Housing Chairman **ONLY,** by **March 1, 2010**.
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. Cancellations must be made **5** business days before arrival with the hotel to avoid forfeiture of deposit
5. After **March 30th. 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.**
6. Hotel assignments will be based on availability.
7. My signature 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!***

☐ Comfort Suites at World Golf Village, 475 Commerce Lake Dr., St. Augustine, FL 32095
$ 99.00 plus tax (1 to 4 per room) ***100 % Smoke Free!***

ROOM TYPE: (PLEASE CHECK) ☐ **One Person** ☐ **Two People** ☐ **Three People** ☐ **Four People**
☐ **2 Doubles** ☐ **King**

SPECIAL REQUEST: ☐ Handicap ☐ Other ***NOTE: ALL handicap rooms only have One (1) King bed !***

ARRIVAL DATE:_____ **DEPARTURE DATE**:_____

PLEASE PRINT OR TYPE BELOW

NAME:_____ TITLE:_____

ADDRESS:_____ CITY:_____

STATE:_____ ZIP:_____ PHONE: (____) _____ E-Mail:_____
Names and Titles of additional room occupants:

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:_____

WORLD GOLF VILLAGE

COMFORT SUITES
BY CHOICE HOTELS

Form approved by the Worthy Grand Matron

# of Nights_____