



2070 N State St, Greenfield, IN 46140 Tel: 317-467-0999 fdcisgfin@gmail.com

Sales Person:

Date Taken:

ROOM BLOCK INFORMATION FORM

Name of Group: _____ Reason for Visit: _____

Number of Total rooms: _____ Number of guests (if different): _____

Main Group Contact: _____ Phone Number: (____) ____ - ____

Address: _____

Contact Email: _____

On-site Group Contact: _____ Cell Number: (____) ____ - ____

Block Code for Group (Hotel Use Only): _____

Date of arrival: ____/____/____ Date of departure: ____/____/____

Cut Off Date: ____/____/____ Cancellation Date: ____/____/____

Room Type	1 King Bed	2 Queen Beds	Total No of Rooms
No of Rooms			
Rate			
No of Guests			

Type of Reservations: Individual Rooming List Date entered: ____/____/____

Method of Payment: _____

Credit Card Number: _____ - _____ - _____ - _____ Expiry Date: ____/____

Card Holder Name: _____

Additional Notes: _____

Signature: _____

Date: ____/____/____