



HOTEL BOOKING FORM

Contact Name: _____ Surname: _____
Studio/Team: _____ Country: _____
Address: _____
Mobile #: _____
Email: _____

HOTEL

Preferred Hotel #1:
Preferred Hotel #2:
of people total:

Room Type	Number # Rooms	Number # Nights
Single Bed		
Double		
Triple		
Quadruple		

HOTEL PAYMENT INFORMATION

A receipt will be sent to you once this form is received

Credit Card (Visa/MasterCard):

Name on Card:

Credit Card #:

Expiry:

Security Code:

TOTAL TO BE CHARGED FOR HOTEL:

NAME:

DATE:

SIGNATURE:

**A CHARGE OF ONE (1) HOTEL NIGHT WILL BE CHARGED TO THIS CREDIT CARD ON MAY 1,
2022**

Please send this Hotel Booking for to our Logistics Manager,
José Ramírez Garza peperamirez@me.com

Hotel Name:

Name of Club/Studio/Organization:

Arrival Date:

Departure Date:

