



Today's Date: _____

Employee Reservation Request Form

Name of Employee: _____

Name on Reservation _____

Which Department do you work in? _____

Who is the Reservation for? _____

Phone Number of Employee: _____

Phone Number of Guest: _____

Email Address of employee: _____

E-mail Address of Guest: _____

Arrival Date: _____

Departure Date: _____

Type of Room: _____

Special Requests or Comments: _____

Employee Reminders: Reservation requests are due in 2 weeks prior to arrival date for better availability. During peak season there may be a minimum length of stay requirement. Employee rates fluctuate by demand.

ALL RESERVATIONS REQUIRE A CREDIT CARD TO GUARANTEE THE ROOM AND WILL BE CHARGED 72 HOURS PRIOR TO ARRIVAL THE FIRST NIGHT'S ROOM AND TAX. ALL RESERVATIONS HAVE A 15% TAX ADDED PER NIGHT AND A CREDIT CARD IS MANDATORY UPON CHECK IN TO AUTHORIZE FOR INCIDENTALS.

Please call La Donna Lee ext 1220 or Kelli Schulba ext 1231 for any questions.

ADMIN ONLY

Approved: YES OR NO (Circle One) Denial Reason: _____

Called/Emailed: YES OR NO (Circle One) Left Message: _____

Suggested Rate: \$ _____

HGR: \$ _____

LGR \$: _____

APPROVED RATE: \$ _____

RESERVATION NUMBER: _____

INITIALS: _____