

Hotel Reservation Request Form

Please fill out one section below for each reservation needed.

Person or Department Requesting Reservation: _____

HOTEL PREFERENCE Sheraton Bra

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Name of Guest: _____ Date of Arrival: _____

of Nights Requested: _____ Room Preference: or King Doubles

Charges to be covered: Room & Tax only Room & Tax w/incidental Guest pays own

Name of Guest: _____ Date of Arrival: _____

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