

WILLOW VALLEY RESORT - GROUP ROOM REGISTRATION FORM

Group Name: **PA APCO**

Dates: **5/16-19/2010**

Contracted Rates Per Room / Per Night
Rates include all taxes and gratuity.

Single: \$119.00
Double: \$119.00
Triple: \$134.00
Quad: \$149.00

Forms received after **4/16/10** will be confirmed based upon availability.

A deposit of **\$100** per room is required with each form. Credit cards will be processed immediately.

Children 12 & under stay and eat free.

Please send form with deposit to:

Willow Valley Resort
Attn: Heather Manley
2416 Willow Street Pike
Lancaster Pa 17602
Phone: (800) 369-9877 ext. 2501
Fax: 717-464-4482
hmanley@willowval.com

For those requesting transportation to or from Lancaster Amtrak please call to make arrangements at least 3 days prior to arrival

Cancellations must be made 3 days or more prior to arrival date to avoid charge of one nights room and meals.

A credit card imprint is required at checkin - even if full payment has been received.

Check in time: after 4:00pm Check out time: before 12:00pm

Please provide the following information and return it via fax or mail with appropriate deposit by date indicated above.

Please check Room Occupancy - (hotel not responsible for assigning roommates)

Single Triple
Double Quad

check here if you will be sharing a room with someone who will also be sending a separate form.

Group Name **PA APCO**

Arrival Date: _____

Departure Date: _____

Guest Name _____

Credit Card # _____ Exp Date _____

Address _____

City, State, Zip _____

Signature: _____

Daytime Phone _____

Email Address: _____

Roommates (if any) Name Credit Card # Exp Date

Roommate # 1 _____

Roommate # 2 _____

Number of Children _____

Ages of Children _____