



Reservation Request Form

MSFA – March 1-5, 2010

Group Room Rate: \$94.00 plus 8% tax per room, per night

Cut Off Date: February 8th, 2010

Check-In Time is 3:00PM

Check-Out Time is Noon

Please Note: Reservation request must be received in our office by midnight on the above cut off date in order to guarantee the group rate. Requests received after the above date will be subject to availability, and the group rate is not guaranteed. All reservation requests must be accompanied by a first night room deposit or guaranteed by a major credit card. Rooms will not be reserved unless secured by one of the above methods.

GUESTROOM PREFERENCE (Subject to Availability)

- If more than one room is requested, please enclose a list of names and addresses, indicating which guests share rooms.
- If you would like a confirmation sent to you via email, please provide your email address below.

of Rooms

Smoking Preference (Please check)

_____ Standard Room – 2 Beds

_____ Non-Smoking

_____ Standard Room – King Bed

_____ Smoking

_____ Number of People in Your Guestroom

Special Requests (Please check) _____ Handicap Accessible _____ Hearing Impaired

GUEST INFORMATION

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

****EMAIL ADDRESS: _____

ARRIVAL DAY/DATE: _____ **DEPARTURE DAY/DATE:** _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

NAME OF CARD HOLDER: _____

OR CHECK OR MONEY ORDER ENCLOSED IN THE AMOUNT OF: _____

Signature: _____

Mailing/Fax Information:

Doubletree Hotel Bay City Riverfront
Attn: Reservations Department
One Wenonah Park Place, Bay City, Michigan, 48708
Phone: 989-891-6000 Fax: 989-891-9680