SONS OF THE AMERICAN LEGION

DETACHMENT CONVENTION
RESERVATION FORM

JULY 18 - 21, 2013

CROWNE PLAZA
Harrisburg, Pennsylvania

ALL ROOMS MUST BE RESERVED THROUGH DEPARTMENT HEADQUARTERS!

GUEST INFORMATION

NAME_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE_____EMAIL_____ NUMBER OF ROOMS_____

ONE MUST BE MARKED OR IT WILL BE RETURNED

SAL DEC _____ SAL _____

HOTEL INFORMATION

ARRIVAL DATE_____ DEPARTURE DATE_____ NO. OF PEOPLE IN ROOM_____

PLEASE CHECK ONE:

KING (one bed) $129.00 *(1-2 people)*_____

DOUBLE (two beds) $129.00 *(1-2 people)*_____ $139.00 *(3-4 people)*_____

ALL ROOMS ARE NON-SMOKING!

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? _____YES _____NO

NAME(S) OF OTHER(S) SHARING ROOM –

_____

PAYMENT INFORMATION

☐ Guarantee by credit card ☐ Visa ☐ MasterCard ☐ Amex ☐ Other

Card No._____ Exp. Date_____

(If paying by check, please make payable to PA American Legion) (Check in time is 3:00 p.m.)

PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO:

THE AMERICAN LEGION
ATTN: DEBBIE WATSON
PO BOX 2324
HARRISBURG, PA 17105
(717) 730-9100

DEADLINE FOR RESERVATIONS IS MAY 31, 2013