



DEC MEETING RESERVATION FORM



SEPTEMBER 23 – 25, 2016

Holiday Inn Harrisburg/Hershey
604 Station Road
Grantville, PA 17028
717-469-0661

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

ARRIVAL DATE _____ DEPARTURE DATE _____ NO. OF PEOPLE IN ROOM _____

PLEASE CHECK ONE: KING (one bed) \$116.55 _____ DOUBLE (two beds) \$116.55 _____

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? ____ YES ____ NO
(HANDICAP ROOMS ARE AVAILABLE WITH KING BEDS ONLY)

NAME(S) OF OTHER(S) SHARING ROOM - _____

PAYMENT INFORMATION

Check enclosed (*payable to: PA American Legion*) for a one-night deposit in the amount of \$116.55

Guarantee by credit card Visa MasterCard Amex Other

Card No. _____ Exp. Date _____

(Credit card will not be billed until you have checked in)

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: AUGUST 20, 2016