

DEC MEETING RESERVATION FORM





Holiday Inn, Grantville 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 PE	EOPLE IN ROOM	
PLEASE CHECK ONE:	KING (one bed) \$109	9.89 DOUBLE	(two beds) \$109.89	
DO YOU REQUIRE A HA (HANDICAP ROOMS)	NDICAP ACCESSIBLI ARE AVAILABLE WIT		NO	
NAME(S) OF OTHER(S) SHAI	RING ROOM -			
PAYMENT INFORMATIO	ON			
□ Check enclosed (<i>payable</i>	to: PA American Legion) t	or a one-night deposit in t	the amount of \$105.45	
☐ Guarantee by credit card	□ Visa □ Master	Card 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 16, 2019