



Department Executive Committee Meetings
RESERVATION FORM



APRIL 28 - 30, 2023

Holiday Inn, Morgantown
6170 Morgantown Road
Morgantown, PA 19543
610.286.3000

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

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

PLEASE CHECK ONE: KING/QUEEN (one bed) \$133.18 ___ DOUBLE (two beds) \$133.18 ___

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 \$133.18

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: MARCH 24, 2023