



DEC MEETING RESERVATION FORM



JANUARY 17 - 19, 2025

DoubleTree Pittsburgh Airport
8402 University Blvd
Moon Twp., Pennsylvania

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT : _____

HOTEL INFORMATION

THE DOUBLETREE IS ENTIRELY NON-SMOKING!

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

PLEASE CHECK ONE: KING (one bed) \$122.10 _____ DOUBLE (two beds) \$122.10 _____

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: (CHECKS MUST BE MADE OUT TO PA AMERICAN LEGION)

- Check enclosed (*payable to: PA American Legion*) for a one-night deposit in the amount of \$122.10
- 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: DECEMBER 20, 2024