



Department Executive Committee Meetings
RESERVATION FORM



APRIL 25 - 27, 2025

Ramada Hotel & Conference Center
1450 South Atherton Street
State College, PA 16801
814.238.3001

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

****EMERGENCY CONTACT - NAME and PHONE **** _____

HOTEL INFORMATION

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

PLEASE CHECK ONE: KING/QUEEN (one bed) \$132.09 ___ DOUBLE (two beds) \$132.09 ___

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 \$132.09

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 20, 2025