



AMERICAN LEGION FAMILY

DEPARTMENT CONVENTION
RESERVATION FORM



JULY 17-20, 2025

HARRISBURG HILTON
1 N 2nd Street
Harrisburg, Pennsylvania

ALL ROOMS MUST BE RESERVED THROUGH DEPARTMENT HEADQUARTERS!

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____ NUMBER OF ROOMS _____

ONE MUST BE MARKED OR IT WILL BE RETURNED

LEGION _____ AUX _____ SAL _____ ALR _____

HOTEL INFORMATION

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

PLEASE CHECK ONE: **KING** (one bed) \$169.83 (1-2 people) _____
 DOUBLE (two beds) \$169.83 (must have 2 people) _____ \$169.83 (3-4 people) _____

ALL ROOMS ARE NON-SMOKING!

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? (*King Bed Only*) ___ YES ___ NO

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

PAYMENT INFORMATION

Guarantee by credit card Visa MasterCard Amex Other

Card No. _____ Exp. Date _____

(If paying by check, please make payable to PA American Legion) (Check in time is 3:00 p.m.)

PLEASE COMPLETE THIS FORM IN FULL AND RETURN VIA MAIL OR EMAIL debbie@pa-legion.com

THE AMERICAN LEGION
ATTN: DEBBIE WATSON
PO Box 2324
HARRISBURG, PA 17105
(717) 730-9100

DEADLINE FOR RESERVATIONS IS JUNE 1, 2025

REQUIRED - EMERGENCY CONTACT NAME AND PHONE: _____