



Department Executive Committee Meetings  
RESERVATION FORM



APRIL 10 - 12, 2026

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

**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) \$154.29 \_\_\_ DOUBLE (two beds) \$154.29 \_\_\_

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 \$154.29

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 [debbie@pa-legion.com](mailto:debbie@pa-legion.com)

**DEADLINE: MARCH 10, 2026**