

DEPARTMENT EXECUTIVE COMMITTEE MEETING

HOTEL RESERVATION FORM

SEPTEMBER 18-20, 2026



Red Lion Hotel, Harrisburg
4751 Lindle Road
Harrisburg, PA 17111
717.939.7841



GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

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

PLEASE CHECK ONE: KING (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: AUGUST 5, 2026