Department Executive Committee Meetings
RESERVATION FORM

APRIL 16-18, 2027

Red Lion Hotel
4751 Lindle Road
Harrisburg, PA 17111

GUEST INFORMATION

NAME_____LGN__SAL__AUX__ (Circle one)

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 13, 2027