

## DEC MEETING RESERVATION FORM

APRIL 3-5, 2020



Red Lion Hotel Harrisburg Hershey 4751 Lindle Road Harrisburg, Pennsylvania 17111 717.939.7841

GUEST INFORMATION				
NAME				
ADDRESS				
CITY/STATE/ZIP				
	EMAIL			
HOTEL INFORMATION				
ARRIVAL DATE	DEPARTURE DATE	_ NO. OF PEOPLE IN ROOM		
PLEASE CHECK ONE:	KING (one bed) \$116.55	_ DOUBLE (two beds) \$116.55		
DO YOU REQUIRE A HA	ANDICAP ACCESSIBLE ROOM?	YES	NO	
NAME(S) OF OTHER(S) SHA	ARING ROOM -			
PAYMENT INFORMATION	ON (CHECKS MUST BE MAI	DE OUT TO THE H	IOTEL)	
	e to: PA American Legion) for a one-ni		·	
	I □ Visa □ MasterCard	- '	·	
Card No	<u> </u>	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 6, 2020