

# HOTEL RESERVATION FORM

Virginia Thespians Society

January 9<sup>th</sup> thru 11<sup>th</sup>, 2009

*Attention:* Reservations  
Marriott Newport News at City Center  
740 Town Center Drive  
Newport News, VA 23606  
Telephone: 757-873-9299  
Fax# 757-310-5040

*From:* School Name \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_  
\_\_\_\_\_  
  
Contact Person: \_\_\_\_\_

Arrival Date: Friday, January 9<sup>th</sup>, 2009

Departure Date: Sunday, January 11<sup>th</sup>, 2009

Room Rate: \$81.00 plus 12.5% Tax per room, per night

Name of Chaperone: \_\_\_\_\_

**\*\*FINAL ROOM REGISTRATION DUE AT HOTEL BY  
WEDNESDAY, DECEMBER 10<sup>th</sup>, 2008\*\***

The Hotel requires:

1. A completed Credit Card Authorization on file or School Check – this will reserved the room for you. The contact should have credit card for incidentals at hotel.
2. Group rates will not apply after the cut off date of December 10<sup>th</sup>, 2008
3. Check in is at 4:00pm. Check out is at 11:00am



Room # \_\_\_\_\_

Name	Male/Female	Chaperone – Yes / No

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**Attention: RESERVATIONS**

**FROM:**

\_\_\_\_\_ *(School Name)*

\_\_\_\_\_ *(City)*

Room # \_\_\_\_\_

<b>Name</b>	<b>Male/Female</b>	<b>Chaperone – Yes / No</b>

Room # \_\_\_\_\_

<b>Name</b>	<b>Male/Female</b>	<b>Chaperone – Yes / No</b>

Room # \_\_\_\_\_

<b>Name</b>	<b>Male/Female</b>	<b>Chaperone – Yes / No</b>

Room # \_\_\_\_\_

<b>Name</b>	<b>Male/Female</b>	<b>Chaperone – Yes / No</b>



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

Cardholder Information

Name as it appears on the credit card:

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card) Corporate | Company Name:

Account number: Exp. date:

Address: (where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

Guest Information

Guest name:

Company:

Phone number: Fax or alternate number:

Confirmation number:

Arrival date: Departure date:

Relation to cardholder: Relative Friend Business Associate Self Other:

Rate Information and Approved Charges

\$ Taxes: Total daily rate: Total #of nights: \*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

- All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant Room Service Valet (Laundry) Parking HS Internet Access Movies Other:

I certify that all information is complete and accurate. I hereby authorize Newport News Marriott at City Center to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \$ for the entire stay event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name:

Cardholder signature: Date: