

INDY WELCOMES CIRCLE CITY LABOR DAY CLASSIC SOCCER TOURNAMENT
SEPTEMBER 4-6, 2010
HOTEL RESERVATION FORM

GENERAL INFORMATION

Reservations can be made by choosing one of the following methods:

FAX: Send completed form to 1-317-684-2492.

OR, MAIL: Send completed form (and rooming lists) to Housing Bureau, 30 S. Meridian St., Ste. 410, Indianapolis, IN 46204-3569.

All reservation requests will be made through the Housing Bureau. DEADLINE: Thursday, Aug. 19, 2010.

ACKNOWLEDGEMENTS: Acknowledgements will be sent after each reservation booking, modification and/or cancellation.

Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please call the Housing Bureau at 1-317-684-2573.

PLEASE READ CAREFULLY: **CANCELLATION POLICY:**

- A **two-night minimum stay** is required for this event.
- Reservations cancelled after **Aug. 19, 2010** or no-shows will be charged for the entire reservation plus tax by the hotel.
- Reservation is subject to availability and may be changed without notice.

Once booked, the hotel may contact you to establish form of payment, discuss special requests or needs and may sub-contract with their own policies. We highly recommend you contact the hotel to establish communication.

NOTE: You do not have to wait for tournament acceptance to book your rooms. If you are not accepted, all cancel policies are waived

HOTEL INFORMATION

Number of Rooms: ___ **Arrival:** _____ **Departure:** _____ **Number of Nights:** ___

Type of room: 1 bed # _____

2 beds # _____

Hotel requested: 1st Choice _____

2nd Choice _____

3rd Choice _____

Requests will be processed on a first-come, first-served basis.

If all your choices are unavailable, we will contact you for alternative accommodation choices.

Special requests: Smoking Non-Smoking Handicapped Other _____ Requests are not guaranteed.

PRIME CONTACT INFORMATION

First Name: _____ Initial: _____ Last Name: _____

E-Mail Address : _____

Team Confirmation Number: _____ Club Name: _____

Team Name: _____ Age Group: _____ Boys Girls

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Daytime or Cell Phone: _____ Fax: _____

International prefix and area code, if necessary: _____

Back-Up Contact Name: _____ Phone: _____

Additional Guests in Room: 1. _____

2. _____

3. _____

PAYMENT INFORMATION

Credit Cards: Visa Mastercard American Express Discover Other _____

Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation.

Checks: Check Number: _____ Amount: _____

Make checks payable to Circle City Labor Day Classic Housing Bureau • P.O. Box 7248 • Indianapolis, IN 46207-7248