



2016 Western Zone Age-Group Championships

August 10-13, 2016 · Kearns, Utah

Room Block Request Form

CONTACT INFORMATION

DEADLINE: June 15, 2016

Local Swim Committee:			
Contact First Name:		Last Name:	
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:		
Email (required to receive confirmation):			

HOTEL PREFERENCE

Review hotels below and indicate your hotel choices in order of preference. Requests will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice.

Preference	Hotels	Single	Double	Triple	Quad
	Country Inn & Suites West Valley	\$119	\$119	\$119	\$119
	Crystal Inn West Valley	\$129	\$129	\$129	\$129
	Holiday Inn Express West Valley	\$149	\$149	\$149	\$149
	Staybridge Suites West Valley	\$169	\$169	\$169	\$169
	TownePlace Suites West Valley	\$169	\$169	\$169	\$169

Below, please indicate the number of rooms (by bed type) you require each night. Your night by night room block (pattern) that you select will affect your hotel placement, therefore, be accurate and conservative.

Room Type	8/7 SUN	8/8 MON	8/9 TUE	8/10 WED	8/11 THU	8/12 FRI	8/13 SAT	8/14 SUN
One Bed:								
Two Beds:								
TOTAL ROOMS								

TERMS & CONDITIONS

DEADLINE DATE – June 15, 2016: We require you complete booking your rooms online or submit a rooming list to us with all names, arrival and departure dates on or before **June 15, 2016**. After this date rooms without individual names will be released. You may call after forms are processed to provide a credit card guarantee for one night’s room and tax for each room. Rooming lists received without a valid guarantee/deposit will not be honored.

Once your block is confirmed, you will receive a Block Confirmation Letter via email with instructions for booking online or submitting your rooming list.

DEPOSIT: Rooming lists must be accompanied by a credit card guarantee for one night’s room rate and tax for each room reserved. Hotels may charge a one night’s room and tax deposit for each room reservation on or after **July 18, 2016**. If a cancellation occurs within 72 hours of scheduled arrival, the deposit will be forfeited. The credit card you use to guarantee each room must be valid through **August 2016**.

TAX DISCLAIMER: Rates do not include the **13.10%** hotel tax which is subject to change at any time.

CANCELLATION POLICY: Cancellations received within 72 hours of scheduled arrival date will forfeit the deposit of one night’s room and tax.

EARLY DEPARTURE FEE: Hotel may charge an early departure fee if you check out prior to your scheduled departure date.

I have read agree and agree to the Terms & Conditions.

Name: _____ Signature: _____

Return completed form to Michelle Taylor at Orchid Event Solutions:

Mail:
175 S. West Temple, Suite 30
Salt Lake City, UT 84101

Email: michellet@orchideventsolutions.com
Fax: 801-428-1094

(888) 665-1369 US Toll-free
(801) 505-5256 International
7:00 am – 6:00 pm MT, Mon–Fri