

NEW / COVID-19

Date Rec. _____

Resv. No. _____

NEW HOTEL RESERVATION FORM
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR
JUNE 16, 17, 18, 2020
Reservations must be received by June 5, 2020

MAIL TO: Michael H. Feit, Housing Chairman
P.O. 65387
Orange Park, FL 32065-5387

PHONE: (904) 264-2040 Home

E-mail: oesjoy@att.net

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **June 5, 2020**.
2. Hotels below **WILL NOT** take telephone reservations for special OES Rates.
3. **DO NOT SEND ANY MONEY WITH THIS FORM.** A **confirmation will be sent directly from the hotel** Please complete the bottom of this form regarding billing information for the hotel use. Confirmations will not be made without this information.
4. Credit card **may** be charged 1st. night deposit 30 days prior to Arrival date.
5. Cancellations must be made **5 business days before arrival with the hotel to avoid forfeiture of deposit**
6. After **June 5st**, **All** changes in reservations, cancellations or additional rooms should be made directly with the assigned hotel. **Any alterations to arrivals/departure dates must be made 5 business days prior to arrival.** **Any alterations to original reservations made less than 5 business days will result in hotel guest being responsible for full payment of original reservation.**
7. **"Early Departure Fee" (\$50.00) may** be charged for **not** staying required **4 night minimum at Headquarters Hotel.**
8. Hotel assignments will be based on availability.
9. The signature below acknowledges all conditions as stated above.

Hotels: Parking "FREE" At Both Properties

_____ Renaissance Resort – World Golf Village, 500 S. Legacy Trl. St. Augustine, FL. 32092
\$ 99.00 plus tax (1 to 4 per room) (**Headquarters & Session**) (**4 Night Minimum**) **100 % Smoke Free!**
_____ Holiday Inn 475 Commerce Lake Dr., St. Augustine FL 32095 (**This is a FULL Service Property**)
\$ 89.00 plus tax (1 to 4 per room) (**Overflow Hotel**) **100 % Smoke Free!**

ROOM TYPE: (PLEASE CHECK) _____ **One Person** _____ **Two People** _____ **Three People** _____ **Four People**
_____ **2 Doubles** _____ **King**

SPECIAL REQUEST: Handicap _____ **NOTE: ALL handicap rooms only have One (1) King bed!**

ARRIVAL DATE: JUNE 2020 **DEPARTURE DATE:** JUNE 2020

PLEASE PRINT OR TYPE BELOW

NAME: _____ **TITLE:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** () _____ **E-Mail** _____

Names of additional room occupants: required because of 911 / Homeland Security

2. _____ 3. _____

4. _____

CREDIT CARD INFORMATION (Hotel will not accept reservation without a credit card guarantee)

CARD TYPE: VISA: _____ MASTERCARD: _____ AMEX: _____ DISCOVER: _____

CREDIT CARD NUMBER: _____ **EXP. DATE:** _____

NAME OF CARD HOLDER: _____

SIGNATURE: _____

Form Approved by the Worthy Grand Matron

Please **DO NOT** write below line

of Nights _____

(OFFICE USE ONLY)