

2010 DYNAMITES RESERVATION FORM

TEAM NAME: _____

LEXINGTON COUNTY RECREATION & AGING COMMISSION (LCRAC) - IATA #52-454835

CONTACT NAME: _____

EMAIL ADDRESS: _____

BEST CONTACT NUMBER: _____

HOTEL NAME & PHONE #: _____

*Note-please **“TAB”** when filling out form. Enter **Arrival Date & Departure Date**. Indicate smoking or special needs room.

HOTEL CONFIRMATION NUMBER ONLY	FIRST & LAST NAME RESPONSIBLE FOR PAY	K	2D	ARRIVAL DATE	DEPT DATE	SPECIAL REQUEST	GUARANTEE Card #	Exp. Date
1.								
2.								
3.								
4.								
5.								
6.								
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9.								
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11.								
12.								
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16.								
17.								
18.								

Please enter **FIRST & LAST** name of person **responsible** for payment. “K” stands for King & “2D” stands for Double. **VERIFY** hotel’s cancellation policies. E-mail form to pcriscione@lcrac.com w/your final room reservations **NO LATER THAN MAY 3RD**. Please **BOOK YOUR RESERVATIONS EARLY** to ensure a room & special tournament rate.