

RESERVATION REQUEST FORM

COMPANY: US SAILING CENTER MIAMI

EVENT: _____

NAME: _____

LAST NAME: _____

ARRIVAL: _____

DEPARTURE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____ **FAX:** _____

EMAIL: _____

ACCOMODATIONS

ROOM TYPE: _____ **KING** _____ **DOUBLE**

_____ **SMOKING** _____ **NON-SMOKING**

NO. ADULTS' _____ **CHILDRENS** _____

METHOD OF PAMENT

_____ **VISA** _____ **MASTER CARD** _____ **AMEX** _____ **DISCOVERY** _____ **OTHER**

IF OTHER PLEASE EXPLAIN _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CREDIT CARD HOLDER: _____

HAMPTON INN – COCONUT GROVE / CORAL GABLES
2800 SW 28 Terrace. Coconut Grove, FL 33133
(305) 921-3333. Fax (305) 442-8655
Email: y.bordies@hospitalityamerica.com