

ATHLETES ON THE GO

HOTEL RESERVATION REQUEST FORM

EDA NATIONALS DANCE TEAM CHAMPIONSHIPS, MYRTLE BEACH, SC, MARCH 26-28, 2010

A **20% non-refundable, non-transferable deposit** of the hotel total is required to hold your reservations. On-line reservations require a Visa or MasterCard. If you are paying by check, please print out PDF of this form and mail it to:

Athletes on the Go
Post Office Box 143
South Hill, VA 23970

Returned checks and declined credit cards will be assessed a **\$30 service charge**. Upon receipt of your deposit and this form, provided there is availability at the hotel you have chosen, you will be sent a Confirmation email that will contain your remaining balance amount, Rooming List and Hotel Rules & Policies Agreement. If the hotel you have selected does not have adequate availability for your reservation, an ATG Customer Service Agent will contact you to assist you in selecting another property.

Once you have submitted your 20% deposit, any and all changes to your reservations **must be made through Athletes on the GO by January 18, 2010**. No changes or cancellations will be accepted after the January 18 deadline. Your remaining balance, Rooming List and Hotel Rules & Policies Agreement are due on or before **January 18, 2010**. A **\$50 Late Fee** will be assessed for Balances and Rooming Lists received after **January 18, 2010**. Failure to pay the balance by January 18 also puts you at risk of your room block being cancelled and forfeiture of your 20% deposit. After **January 4**, the only forms of payment accepted are School Check, Cashier's Check, Money Order, Visa or MasterCard. (No personal, team or booster checks are accepted after the January 4 deadline.)

*Required Fields.

This is a team individual** reservation.

*Hotel Name: _____

*Team/Group Name: _____ *Email Address: _____

*Position with the team (Please check one): Parent Coach Gym Owner Other: _____

*Full Name: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Day Number: _____ *Night Number: _____

Cell Number: _____ Fax Number: _____

*Total Number of Rooms: # _____

*Number of Room Types requested (**must coincide** which the room/villa types offered for specific hotel/resort listed on Athletes on the Go's website):

# _____ 1 Bedroom Villa (max 2 people)	\$ _____ 1 BR Villa Rate	# _____ Nights
# _____ 2 Bedroom Villa (max 4 people)	\$ _____ 2 BR Villa Rate	# _____ Nights
# _____ Standard Room (2 dbl beds, max 4)	\$ _____ Std Room Rate	# _____ Nights

*Please indicate which nights:

Thursday, March 25 Friday, March 26 Saturday, March 27 Sunday, March 28 Monday, March 29

Other: _____

*Hotel Total: \$ _____

*20% Deposit submitted (due upon receipt of this reservation form):

*Method of Payment: Visa MasterCard

*Name as it appears on card: _____

*Exp. Date: ____/____ *Auth. Code: _____

If you wish to charge the remaining balance on this card, please check here and the balance will be charged on **January 18, 2010** as indicated above.

Special Requests will be honored, when possible, but are not guaranteed: _____

**If this is an individual reservation, please provide the names of your room occupants below (Please indicate occupants 18 years of age & older as "adult" and under 18 as "child." Infants/toddlers do not need to be listed. Please do not exceed the maximum occupancy for your room type.):

Occupant #1: _____	___ Adult	___ Child
Occupant #2: _____	___ Adult	___ Child
Occupant #3: _____	___ Adult	___ Child
Occupant #4: _____	___ Adult	___ Child

ACCEPTANCE OF POLICIES

I certify that I have read and accepted the merchant's policies. I also certify that I am authorized to use the credit card that I have submitted to guarantee my hotel reservations. I understand that the card will be charged in accordance with the merchant's policies.

ACCEPT