



# 2017 USA National Competition

## Individual Reservation Form

Completed reservation forms must be returned to Emily Rauber,  
Group Rooms Manager, by **12:00 p.m. on Wednesday, April 7<sup>th</sup>, 2017.**

**Address:** 1 W. Dayton St. | Madison, WI 53703

**Fax:** 608-257-8454

**Phone:** 608-294-3010

### Number of rooms requested:

**Concourse Premier Level Single King Bed**

\$159/\$159+14.5% Tax (single/double occupancy)

**Concourse Premier Level Double Queen Beds**

\$159/\$159/\$159/\$159+14.5% Tax (single/double/triple/quad occupancy)

### Guest Contact Information

\_\_\_\_\_  
**Contact Name** - *Please print*

\_\_\_\_\_  
**School/Organization Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**WI School Tax-Exempt Number:** \_\_\_\_\_

(Please enclose a copy of your tax-exemption letter if applicable).

**Method of Payment** (Please Circle):

Check

Cash

Credit Card

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

### Cancellations:

Any individual reservations must be cancelled 24 hours prior to arrival by 4:00 p.m. C.S.T. to avoid a cancellation charge.

Rooming List

Include names of all individuals occupying each room.

Room 1 - Name (Last, First)
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- 1
- 2
- 3
- 4

Room 2 - Name (Last, First)
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- 1
- 2
- 3
- 4

Room 3 - Name (Last, First)
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- 1
- 2
- 3
- 4

Room 4 - Name (Last, First)
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- 1
- 2
- 3
- 4

Room 5 - Name (Last, First)
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- 1
- 2
- 3
- 4