



GRADUATION 2012 RESERVATION CONTRACT

Name _____ Confirmation _____
 Address _____ Email _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Accommodations:

Please fill in the number of rooms needed each night.
 There is a two night minimum for Friday and Saturday (\$200-\$250 per night).

| Date | 1 BED | # Rooms | 2 BEDS | # Rooms | STUDIO SUITE | # Rooms | Total for Day |
|------------------------|--------------|---------|---------------|---------|---------------------|---------|---------------|
| Wednesday 5/8 | 60.00 | | 60.00 | | 80.00 | | |
| Thursday 5/9 | 60.00 | | 60.00 | | 80.00 | | |
| Fri-Sat 5/10-11 | 400.00 | | 450.00 | | 500.00 | | |
| Sunday 5/12 | 60.00 | | 60.00 | | 80.00 | | |

| | |
|------------------------|--|
| Subtotal | |
| Tax (12 %) | |
| Total For Stay: | |

Special Requests: _____

*We cannot guarantee your smoking preference but will try our best to accommodate it and other requests you may have.

Payment: ___ I have enclosed a check or money order for the above total amount.
 (Check One) ___ Please charge my credit card for the above total amount now.

Credit card # _____ Exp Date _____

CID Number _____ Card Holder Name _____

I agree to and understand that this reservation is totally non-cancelable and non-refundable. Full pre-payment is required.

Signature _____ Date _____

Please send my confirmation by: ___ fax ___ email
 *If you do not receive a confirmation letter, please call us to verify the reservation.
 Reservation is not guaranteed until credit card is charged.

www.baymontstatesboro.com

*******PLEASE COMPLETE, SIGN, AND FAX TO (888) 711-8164*******