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American Youth Basketball Tour Reservation Form 2007 Bloomington-Normal Nationals

Contact Name: _____
 Team Name: _____ Number of Rooms: _____
 Mailing Address: _____
 Phone Number: _____ Fax Number: _____
 E-Mail: _____ Check In Date _____ Check Out Date _____

** Please **do not** call the hotel directly until you receive a confirmation for your reservations. All reservations, cancellations, changes, etc. are made through the Bloomington Normal Area Convention and Visitor's Bureau, until June 30th. After that date all reservations, cancellations, changes, etc. must be made through the hotel directly. All cancellations must be directed to the hotel within **24** hours of arrival date or room charge will apply. If your hotel choice cannot be fulfilled, you will receive a phone call from us.*

** Please choose your **1st, 2nd, and 3rd** choice of the accommodations below:*

___ Baymont Inn	\$75	___ Holiday Inn Express	\$95
___ Best Western-University Inn	\$70	___ Quality Inn – West	\$74
___ Clarion Hotel	\$75	___ Quality Inn – Airport	\$75
___ Country Inn & Suites – Airport	\$96	___ Ramada Limited	\$80
___ Days Inn & Suites	\$80	___ Signature Inn	\$89
___ Eastland Suites	\$84-140	___ Super 8 - Bloomington	\$70
___ Econolodge	\$65	___ Wingate Inn	\$81
___ Hampton Inn & Suites	\$129		

** If you are reserving 5 or more rooms, please fill out the Rooming List. (See the following form.)*

** If you are reserving fewer than 5 rooms, please fill out the following information.*

** We cannot block any rooms without a credit card number, credit cards accepted only. This will guarantee your reservations.*

** Payment is due upon check-in and rooms will be charged to the credit card listed on this form unless otherwise indicated at check in.*

1st Room: Guests Names: _____
 One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

2nd Room: Guests Names: _____
 One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

3rd Room: Guests Names: _____
 One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

4th Room: Guests Names: _____
 One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

Credit Card Number (Visa/MasterCard): _____ Expiration Date: _____

Any Special Requests (Suite, Smoking/Non-Smoking, Wheelchair Accessible, etc...): _____

** Special requests will be honored upon availability only.*

Rooming List

Please fill out the following form if you are reserving 5 or more hotel rooms. This list will be given to the hotel. Please include the name of all guests staying in the hotel room. There is no guarantee on the type of room.

**** You can make copies of this page if you have additional rooms! ****

Guests Names: _____
One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

Guests Names: _____
One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

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One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

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One Bed _____ Two Bed _____ Check In Date: _____ Check Out Date: _____

**** You can make copies of this page if you have additional rooms! ****