

Rooms Contract



Quality Inn Suites
 4105 Vestal Parkway E.
 Vestal, NY 13850

Phone: (607) 729-6371
Fax: (607) 729-6407

Definite XX **Tentative** **Revision** **Today's Date** 1/28/2010

Group Name Dewitt Swim Club	Reservation Method Individual call-ins
Address 418 Radcliffe Road Syracuse, NY 13214	Billing Instructions Individual Credit Cards
Contact Adam Zaczkowski	Method of Payment Individual Credit Cards
Email adam@dewittdolphins.com	
Phone 315-446-1409	
Fax	

Arrival Date	Number of Nights	Departure Date
2/26/2010		2/28/2010

ARRIVAL AND DEPARTURE PATTERN							
DAY	MON	TUE	WED	THUR	FRI	SAT	SUN
DATE					2/26/2010	2/27/2010	2/28/2010
ROOMS					10	10	0

Room Type	Rooms	@	Rates
Kings		@	\$
Doubles	10	@	\$64.95
Triples		@	\$
Quads		@	\$
Suites		@	\$
Cots		@	\$ 15.00 per cot

OTHER / MEETING ROOM REQUIREMENTS:

Tax Exempt: NO ****All taxes are currently 13% and subject to change****
 (If group is tax exempt - please provide Tax Exempt Certificate with signed contract)
OTHER:

Rooms must be reserved by:

Contract Terms: To guarantee rates quoted, the availability of sleeping rooms requested and all other terms of this contract, a signed copy of this contract must be received by 2-5-10 or the rooms may be cancelled.
Cancellation Policy: If cancellation of this booking becomes necessary, to avoid forfeiture of any deposits paid or payment of penalties the hotel must receive notification in writing by the following date: 2-19-10 .

I have read the Contract and Group Booking Policies & Procedures included as Page 2 and I agree to the terms and conditions

Hotel Representative
Kelly Gunn - Administrative Sales Assistant
 Kelly Gunn (**electronically signed**) / 1-28-10

Printed Client Name:

Hotel Representative Signature / Date

Client Signature / Date

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