

Southwestern Minnesota Synod Junior High Youth Gathering 2017



HOTEL RESERVATION REQUEST FORM

Dear SWMN Synod Attendee:

Thanks for your interest in staying with us for the gathering on November 17-18, 18-19, 2017!

All reservations must be guaranteed with a credit card and cancellations must be received no later than November 8th, 2017. Cancellations received after November 8th, 2017 will result in one night's room fee and tax for each room cancelled being billed to your card. No refunds will be given after November 8th, for any reason, including poor weather. Reservations are taken on a **first-come, first-serve basis**. We will try to honor your hotel preference and room type (one bed or two) based on what is available **when we receive your reservation**.

Your hotel reservation confirmation number(s) will be emailed to you no later than November 15th, 2017.

REGISTRATION CODE:

Please write your registration code in this box. Your code will be provided to you when you register for the

Our rates for the 2017 gathering will be as follows:

--Best Western Plus (formerly Holiday Inn)\$114.27* (including tax) per room/per night.

--Holiday Inn Express & Suites (formerly Comfort Inn)

--Standard Room*.....\$114.27* (including tax) per room/per night.

--King or Queen Suite*.....\$169.21* (including tax) per room/per night.

**Please Note: Rate does not include hotel breakfast - breakfast is provided at your event.*

Reservation Information Needed

RESERVATIONS WILL NOT BE TAKEN OVER THE PHONE – Please submit this form.

Church Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email Address (required for confirmation): _____

Credit Card Number (if applicable): _____

Expiration Date: _____

Signature: (Required): _____

Circle Date Requested: **November 17 18**

of Rooms: _____

Preference (Circle One - cannot guarantee): **One Bed Two Beds**

Hotel Preference (please mark 1st and 2nd choice): **Best Western Plus** _____ **Holiday Inn Express & Suites** _____

Comments: _____

REGISTRATIONS

CREDIT CARD or CHECK PAYMENT REGISTRATIONS

Mail to: Laurie Varpness, Best Western Plus, 2100 E Hwy 12, Willmar, MN 56201 (no faxes please)

**** Method of Payment Must Be Provided to Make Reservations ****

FOR OFFICE USE ONLY

Confirmation Number(s): _____

Location: _____

Room Type: **One Bed Two Beds**

Best Western Plus • 2100 E Hwy 12 • Willmar, MN 56201 • Holiday Inn Express & Suites • 240 23rd St. SE • Willmar, MN 56201
Questions about Hotel Reservations? Please contact Laurie Varpness at: sales@willmarhotels.com or 320-235-3312 x306