

## **RESERVATION REQUEST FORM**

Employee Name		Date:	
Property Location		Original Hire Date	
Position		Phone #	
	RESERVATION REQUE	ST INFORMATION	
Employee or Friends & Fa	nmily rate		
Property	Location	on	
Check in Date:	Check ou	Check out Date:	
# of Rooms Requesting	# of Beds	# of Nights	
# of Adults	# of Children	<del></del>	
Names of persons occupying the room			
Special request or needs			
employee conduct. This benefit is and immediate family members n rate (2 max). Rooms may be book employee and family room rates a	offered to employees or fric nay qualify for the Employee ked 14 days or less prior to a are not available. There may ces and blackout dates are d	with the terms stated in The Urgo handbends and family on space available basis. e rate. Other family and friends may qual arrival. There may be certain blackout dat also be circumstances when special requetermined by business demands. I agree act and decorum.	Only employees lify for the F&F es when uest or needs
Employee Signature		Date:	
Department Manager authoriza	ation for request:	Date:	
Requested Proper	rty Authorization		
Our apologies, this request cannot be accepted at this time.			
Your reservation requ	uest has been accepted: <b>cor</b>	firmation #	
Approved Rate: \$		<del></del>	
GM / Manager Approval			