

Chorus or Quartet Name _____

Contact Person _____

Please note all rooms are non-smoking rooms.

Room #1 Night(s) Staying
Th – Fri – Sat – Sun
One or two beds

Room #2 Night(s) Staying
Th – Fri – Sat – Sun
One or two beds

1. _____ 1. _____ \$104.00

2. _____ 2. _____ \$104.00

3. _____ 3. _____ \$104.00

4. _____ 4. _____ \$104.00

Room #3 Night(s) Staying
Th - Fri - Sat - Sun
One or two beds

Room #4 Night(s) Staying
Th - Fri - Sat - Sun
One or two beds

1. _____ 1. _____ \$104.00

2. _____ 2. _____ \$104.00

3. _____ 3. _____ \$104.00

4. _____ 4. _____ \$104.00

Room #5 Night(s) Staying
Th - Fri - Sat - Sun
One or two beds

Room #6 Night(s) Staying
Th - Fri - Sat - Sun
One or two beds

1. _____ 1. _____ \$104.00

2. _____ 2. _____ \$104.00

3. _____ 3. _____ \$104.00

4. _____ 4. _____ \$104.00