LANCASTER HOST RESORT
RESERVATION REQUEST FORM
2018 Historical Miniatures Gaming Society – Cold Wars
Thursday, March 15 – Sunday, March 18, 2018

RATES QUOTED ARE PER ROOM PER NIGHT
EUROPEAN PLAN (ROOM ACCOMDATIONS ONLY)

$119.00 Per Room, Per Night, Single Occupancy
$119.00 Per Room, Per Night, Double Occupancy
$129.00 Per Room, Per Night, Triple Occupancy
$129.00 Per Room, Per Night, Quad Occupancy

Children ages 17 and under are FREE in parents room (First two persons in room considered adults.)

There will be a $15.00 charge per day, for a roll-a-way bed. There will be a $25.00 charge per stay for a refrigerator. **Both items are based upon availability**.

NOTE: All rates are subject to 6% Pa. State Tax, 3.9% county tax and 1.1% excise tax equaling a total of 11%.

*ONE NIGHT'S DEPOSIT, PLUS 11% STATE OCCUPANCY TAX, PER ROOM WHICH WILL BE CREDITED TO THE LAST SCHEDULED NIGHT OF YOUR STAY, MUST ACCOMPANY FORM TO CONFIRM RESERVATION

* Please make check payable to:
LANCASTER HOST RESORT
Major credit cards are accepted at hotel, as well for deposits

* LANCASTER HOST RESORT
2300 Lincoln Highway East
Lancaster, PA 17602
FAX: (717) 869-5511
PHONE: (717) 299-5500

CHECK TYPE OF ROOM REQUESTED:
[ ] SINGLE OCCUPANCY
[ ] DOUBLE OCCUPANCY - King Bed
[ ] DOUBLE OCCUPANCY - Two Double Beds
[ ] TRIPLE OCCUPANCY – Two Double Beds
[ ] QUAD OCCUPANCY – Two Double Beds

[ ] Roll-a-way Requested [ ] Refrigerator Requested

NOTE: GUARANTEED RESERVATIONS NOT CANCELLED 48 HOURS PRIOR TO THE DAY OF ARRIVAL WILL FORFEIT ONE NIGHT'S DEPOSIT.

NO PHONE RESERVATIONS WILL BE ACCEPTED.
ROOMS WILL BE RESERVED IN THE ORDER IN WHICH THE RESERVATIONS ARE RECEIVED.
ROOM TYPE IS BY REQUEST AND EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

PLEASE FILL OUT ONLY ONE FORM FOR EACH ROOM NEEDED.
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

NAME: _____ NO. OF CHILDREN _____

**ROOMMATES: _____ CHILDREN'S AGES _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

ARRIVAL DATE: _____ DAY: _____ DEPARTURE DATE: _____ DAY: _____

*If credit card deposit:
[ ] American Express [ ] VISA [ ] Master Card [ ] Discover

Card Number _____ Exp. Date _____ Signature _____

- **CREDIT CARDS WILL BE CHARGED ONE NIGHTS DEPOSIT UPON RECEIPT OF RESERVATION.**

CHECK-IN AFTER 4PM CHECK-OUT 11 AM