

LWHS Reservation Form

Please complete this form, attach your check (or provide credit card information) covering payment for the Scheduled Events Cost below and mail (or fax if using credit card) to:

Comfort Suites Maingate East
2775 Florida Plaza Boulevard
Kissimmee, FL 34746

May 1, 2018 DEADLINE

Attention: *Reservations Manager*

Email: info@comfortsuitesfl.com
(use LWHS in Subject Line)

Business: (888) 784-8379

Fax: (407) 396-7045

Web Page: www.comfortsuitesfl.com

Hotel Reservation: (complete a separate form for each **suite** reserved)

(\$64.00 Nightly Rate plus state & local taxes May 17 through May 23, 2018 and paid at check in)
(Suite released @ 4:00 PM. If you expect to arrive later than 4:00 PM, call hotel to guarantee with credit card.)

Arrival Date: _____ **King:** _____ **Number in Party:** _____

Departure Date: _____ **2 Queen:** _____ **Handicap:** _____

Names of people in party staying in same Suite for BADGE preparation:
(Please indicate LWHS Class Year by name if applicable)

Scheduled Events & Costs:

Casual Attire

**Number
Attending**

Sunday, May 20

3:00 PM White Elephant Tea Party \$ 7.50 per person X ___ = \$ _____

7:00 PM Cocktails & Hors d'oeuvres \$18.00 per person X ___ = \$ _____

Monday, May 21

3:30 PM Wine Tasting \$18.00 per person X ___ = \$ _____

7:00 PM Farewell Dinner \$25.00 per person X ___ = \$ _____

9:30 PM Ice Cream Social N/C

TOTAL – includes Sales Tax and Gratuity \$ _____

Voluntary Donation \$ _____

TOTAL \$ _____

Check for Total enclosed _____ or Charge my Mastercard _____ or Visa _____

Number _____

Expiration Date _____

(Cardholder Signature)

PLEASE UPDATE EMAIL ADDRESS: _____

Please Print VERY Carefully