HOLIDAY INN LIVONIA ROOM RESERVATION FORM GENERAL

GROUP NAME: AYC EVE	NT DATE: February 14, 15, 16 - 2014
NAME:	PHONE:
ADDRESS:	CLUB:
CITY: STAT	E: ZIP:
Arrival Date: 02/14/14	Departure Date: 02/16/14
Email:	Hotel Confirmation may be sent to your email
RETURN DATE DEADLINE - DECEMBER 31, 2013 2 NIGHT MINIMUM STAY at the HOLIDAY INN LIVONIA Hotel will charge your credit or debit card - IN FULL - for your requested stay nights after 01/31/2014 Cancellations - MUST - be prior to 01/30/2014 - IF NOT - FULL PAYMENT WILL APPLY	
	4) 464-1300
CHECK-IN AFTER 4:00 PIVI	CHECK-OUT 11:30 AM
() CINICIPE COACE	AYSTAY
() SINGLE: \$ 248.52	NCLUSIVE () DOUBLE: \$ 248.52
RESERVATIONS WILL NOT BE ACCE	PTED OVER THE PHONE, FAXED OR WALK-INS
NUMBER PERSONS: () 1 KING BED () 2 DOUBLE BEDS ALL ROOMS ARE NON-SMOKING
TYPE OF SLEEPING ROOM IS BASED UPON AV	AILABILTY - AYC WILL ASSIGN ALL BALCONY ROOMS
CREDIT CARD ONLY NO PER	RSONAL CHECKS OR CASHIERS CHECKS
CREDIT CARD TYPE:	
CARD NUMBER:	EXPIRATION DATE:
CARD HOLDER SIGNATURE:	
COMPLETE FORM DI	ACE IN ENVELOPE MAIL TO
COMPLETE FORM - PLACE IN ENVELOPE - MAIL TO: ANNETTE BECK - SALES MANAGER	
2014 AYC BALL RESERVATION	
HOLIDAY INN LIVONIA	
	PARK DRIVE - NORTH MICHIGAN 48152
RESERVATION FORM MUST BE REC	CEIVED PRIOR TO 12/31/2013. WE CAN NOT
GUARANTEE ROOM AVAILABILITY OR GROUP RATE AFTER THIS DATE.	
ROOMS NOT REQUESTED BY THIS	DATE WILL BE RELEASED FOR RESALE.
COMMITTEE	& HOTEL USE ONLY
DATE RECEIVED:	ASSIGNED ROOM NUMBER: