



Inn at Laurel Point

Reservation Form

Group Name: UVic - Fine Arts

Reservation #: 732200

Date: September 29 – October 3, 2010

Guest Name: _____ Phone: _____

Fax or Email (to send a confirmation letter) : _____

Address: _____

City/Province/State: _____ Postal Code/Zip: _____

Please mark the room type that is requested during your stay:

Guest Room: _____ @ \$ 129 (CDN)

Single occupancy: _____ Double occupancy: _____ One Bed: _____ Two Beds: _____

- Children stay for free in the same room as their parents
- Dogs are welcome for a fee of \$50 for stays of 6 nights or less (\$100 for stays 7 nights or longer)
- Applicable taxes are 12% Harmonized Sales Tax and 2% hotel tax
- Overnight parking available at the rate of \$15.00 plus HST per night per vehicle
- **Room type subject to availability**

I will arrive on _____ (date) Check-in 3:00pm.

I will depart on _____ (date) Check-out 11:30am

Telephone reservations must be made between 7am – 8 pm (PST) Daily.

Please fill out the credit card information below, your reservation will not be confirmed without a credit card. 24- hour cancellation notice is required; otherwise, the first night's room charge plus taxes will be applied to your credit card.

Credit Card Type _____ Bank _____

Number _____ Expiry _____

Name as printed on card _____

The hotel must receive reservations 30 days prior to arrival, on or before, August 27, 2010.

Thereafter, reservations are subject to availability. Please complete this form and send by fax or email (reservations@laurelpoint.com)