



2011 US OPEN JUNIOR CHAMPIONSHIPS HOTEL RESERVATION REQUEST FORM

Please read the following information carefully, **complete the entire form below** and email or fax it to the US Open Junior Championships by **Tuesday, August 2, 2011**

- Request forms must be received by **Tuesday, August 2, 2011**.
- Use this request form to make your reservation. Do **NOT** call hotel directly or 800 # to make reservations. **No phone reservations accepted.**
- Only one room may be reserved per registration form. Additional reservation forms are available.
- All reservations require a major credit card guarantee with this form. You **MUST** submit your request with a credit card guarantee to ensure availability.
- **Rooms will only be reserved for Main Draw, Qualifying players and officially nominated Federation Coaches.**
- **Reservations for player guests or family members will NOT be guaranteed, but will be considered subject to room availability.**
- If you are sharing a room with another person, only one form that includes all the guests' names should be submitted. **Do not send two separate forms for one reservation.**
- The maximum allowed per room is four persons and two beds. Bed type is upon request only, and cannot be guaranteed.

**Please complete the following and email or fax to:
US Open Junior Championships - Attn: Herlinda Lombardi**

Email: Herlinda@usta.com -- Fax#: 561-962-6401 or 561-962-6485 by **Tuesday, August 2, 2011**

Changes, Confirmations and Cancellations only:
Phone: 561-962-6428

LAST NAME

FIRST NAME

Names of additional people sharing room:

FEDERATION

STREET ADDRESS OR PO BOX NUMBER

CITY

STATE

ZIP CODE

COUNTRY

PHONE # (AREA CODE/NUMBER)

FAX # (AREA CODE/NUMBER)

E-MAIL ADDRESS

NOTE: ALL RESERVATION REQUESTS MUST HAVE COMPLETE CREDIT CARD INFORMATION AND PHONE NUMBER.

RATE INFORMATION: Rates available from **8/29/11 to 9/12/11**

Single (1 Person)	\$231.85	
Double (2 People)	\$231.85	
Triple (3 People)	\$260.54	
Quad (4 People)	\$289.22	
Smoking rooms Available only with king bedded rooms	\$30 additional per night	

Above rates include applicable taxes of:
14.75% NY State Tax and \$3.50 Occupancy Tax.

ROOM TYPE REQUEST (Subject to availability)

King Bed	
Two Double Beds (Availability is limited)	
Smoking Room	
Non-Smoking Room	

ARRIVAL DATE: _____ TIME: _____

DEPARTURE DATE: _____ TIME: _____

NOTE: All reservations require a major credit card guarantee at time of booking (American Express, Diners Club, Visa or Mastercard)

CREDIT CARD #: _____ EXPIRATION DATE: _____

GUEST SIGNATURE: _____