

RESERVATION HOUSING FORM

Junior Olympic National Championships - May 13-15, 2005

Ontario, California

PLEASE TYPE OR PRINT CLEARLY:

Use one (1) form for each room request. (up to 3 rooms)
4 OR MORE ROOMS NEEDED - PLEASE USE THESE FORMS

Photocopy additional forms if necessary. You may also
 Register individual rooms online at www.glidersgymnastics.com
 You will receive immediate confirmation of your choice.
No telephone reservations accepted.

Occupant Name _____

Sharing With _____

Region/Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Arrival Date _____ Departure Date _____

***Reservations will not be processed without a form of guarantee.**

Type of Card _____ Expires _____

Account # _____

Signature _____

Check (**Must accompany form in the amount of \$200.00 made payable to OCVB, if credit card is not provided.**) **No purchase orders will be accepted. Credit card is preferred method to guarantee your reservation and must be included for a group reservation.**

ACCOMMODATIONS:

Guestroom reservations at the Gliders Gymnastics Charity official hotels are handled on a first-come, first-serve basis. Requests for guestrooms should be faxed or mailed to the Ontario Convention & Visitors Bureau. Failure to confirm your first choice hotel does not constitute an error. The OCVB Housing Department will accept only written reservations. **No telephone reservations will be accepted – NO EXCEPTIONS.** Form will not be processed if 2nd, & 3rd, choice hotels are not listed. If accommodations are not available at the hotels of your choice, comparable reservations will be made at another participating hotel. OCVB will email/fax/mail a Passkey acknowledgment to confirm that the OCVB has received the reservation request. The hotel will forward a written confirmation closer to the event date confirming actual request.

GUARANTEED RESERVATIONS ONLY:

***Reservations will not be processed without a form of guarantee.** OCVB accepts major credit cards or advance deposit by check or money order made payable to OCVB Housing Department in the amount of \$200.00. **Your credit card is only a form of guarantee and will not be charged unless you fail to advise us of your cancellation.**

DEADLINE:

The OCVB Housing Department requests a response no later than **Saturday, April 30, 2005**. Any reservation forms received after the cut-off date will be processed subject to availability, up until the cut off date of April 30, 2005. After this date, you must contact hotel direct.

CHANGES & CANCELLATIONS: A penalty of one room night per room if canceled after April 27, 2005

The OCVB Housing Department accepts changes and cancellations in **writing only**, up until the date of **April 27, 2005**. After this time, all changes and cancellations must be made directly with the assigned hotel and will be subject to one night's room fee penalty per room. Tell them you are with Gliders Gymnastics Charity.

HOTEL PREFERENCE:

List hotel preference 1-3:

First Choice _____

Second Choice _____

Third Choice _____

TYPE OF ACCOMMODATION: (check all that apply)

- Group (complete second page)
- Single (1 bed, 1 person)
- Double (1 bed, 2 people)
- Double/Double (2 beds, 2-4 people)
- Smoking Non Smoking (request only)
- Require special facilities in accordance with the Americans with Disabilities Act.

CONVENTION HOTELS & RATES:

DoubleTree Hotel Ontario (Headquarter)	\$107.00
Ontario Airport Marriott	\$99.00
Comfort Inn Ontario	\$87.50
Ayres Suites	\$99.00-S
	\$99.00-D
	\$104.00- T
Country Side Suites	\$109.00- Q
	\$99.00-S
	\$99.00-D
	\$104.00- T
	\$109.00- Q

- All Hotels are within walking distance to OCC.
- These rates are subject to 11.85% occupancy tax.
- Check-in time: 3:00pm; Check-out time: NOON

Return this Form to: OCVB / Housing Department
2000 Convention Center Way Ontario, CA 91764
or Fax (909) 937- 3099 Questions call 909-937-3099

Junior Olympic Nationals GROUP RESERVATION FORM

Groups booking 4 or more rooms must use this form

Group Name _____ Region _____

Contact numbers - Work _____ Cell _____

Type of room	# of rooms Non -Smoking	# of rooms Smoking	Arrival Dates	Departure Dates
Single (1 bed, 1 person)				
Single (1 bed, 1 person)				
Double (1 bed, 2 people)				
Double (1 bed, 2 people)				
Double/Double (2 beds, 2-4 people)				
Double/Double (2 beds, 2-4 people)				

Additional request

**Pages one, two, and three must be completed and returned to:
OCVB / Housing Department
2000 Convention Center Way Ontario, CA 91764
or Fax (909) 937- 3099**

(Failure to submit all three pages may nullify the reservation request)

OCVB will email/fax/mail a Passkey acknowledgment to confirm that the
OCVB has received the reservation request.

Please do not contact the hotels directly. This is not part of their reservation system!

**Please provide a complete rooming list by April 26th 2005 or your
reservation will not be held!**

For group reservation assistance please call 909-937-3099

Additional meet Hotel information can be found at www.Glidersgymnastics.com

Junior Olympic Nationals Rooming List

Groups booking 4 or more rooms must complete and return this form by April 26th 2005 Questions call 909-937-3099

Group Name _____ **Region** _____

Contact numbers - Work _____ Cell _____

Example: Place OCVB – passkey reservation # here	Room 1 #	Room 2 #
SUZANNE SMITH		
JENNY JONES		
MICHELLE MULLIGAN		
FRANCIS FRANKS		
Room 3 #	Room 4 #	Room 5 #
Room 6 #	Room 7 #	Room 8 #
Room 9 #	Room 10 #	Room 11 #
Room 12 #	Room 13 #	Room 14 #