



Aquatic Gap, Carlisle Bay, P. O Box 639, Barbados, West Indies
Phone: (246) 426-4000 Fax: (246) 429-2400

GROUP HOTEL – RESERVATION FORM

Group Name: World Master Sailing Championship

Dates: June 2 – 9, 2017

Group Code: **WMSC17**

Last Name: _____

First Name: _____

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Address: _____

Address: _____

Telephone No.: _____

Email Address: _____

Group Rate – Per Night:

_____ US \$175.08 based on Single/Double Occupancy – Ocean View Room
Inclusive of 7.5% VAT & 10% Service Charge

_____ US \$199.31 based on Single Occupancy – Ocean View Room
Inclusive of 7.5% VAT & 10% Service Charge & Breakfast

_____ US \$223.55 based on Double Occupancy – Ocean View Room
Inclusive of 7.5% VAT & 10% Service Charge & Breakfast

Note*

Please print neatly in blue/black ink and return to our Reservations Department:

Radisson Aquatica Resort Barbados **on or before September 27, 2016**

Via Email: reservations@aquaticabarbados.com

Via Fax: 1 246 429 2400

For more information, please call 1 246 426 4000 Ext. 5060



CREDIT CARD AUTHORIZATION

Aquatic Gap, Carlisle Bay, P. O Box 639, Barbados, West Indies
Phone: (246) 426-4000 Fax: (246) 429-2400

This form states that you are allowing third party expenses to be charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the **Radisson Aquatica Resort Barbados** at **(246) 429-2400** or email: **reservations@aquaticabarbados.com**

Cardholder Information:

Name as it appears on the credit card:							
Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners/CB	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	
Account type:	<input type="checkbox"/> Individual (personal credit card)						
	<input type="checkbox"/> Corporate	Company Name:					
Account number:					Exp. date:		
Billing Address: (where statement is mailed)							
City, State and Zip:							
Phone number:				Fax or alternate number:			

Guest Information:

Guest name:					
Company:					
Phone number:				Fax or alternate number:	
Confirmation number:					
Arrival date:				Departure date:	
Relation to cardholder:	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Business Associate	<input type="checkbox"/> Other:	

Rate Information and Approved Charges:

Room rate:*		Taxes:*		Total daily rate:*		Number of nights:	
*(Rate and tax amount must be provided by a hotel representative in order to complete this form)							
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax Only	<input type="checkbox"/> Telephone (LD)	<input type="checkbox"/> Telephone (Local)	<input type="checkbox"/> Restaurant/Room Service			
<input type="checkbox"/> Valet (Laundry)	<input type="checkbox"/> Other						

I certify that all information is complete and accurate. I hereby authorize the **Grand Hotel Limited** trading as **Radisson Aquatica Resort Barbados** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)			
Cardholder signature:		Date:	

Authorization for these charges will be obtained at Check-in. In the event we are unable to obtain approval for these charges, we will require an alternate form of payment. Your cooperation and understanding is appreciated.

The above credit card is being used as a guarantee and payment method for each of the names provided on the rooming list. Individual reservation cancellations must be received by 4PM on the day of arrival. Guests who do not cancel reservations prior to 4PM and do not arrive at the hotel to occupy a room will be charged one night room and tax as a "no show."

Must include a legible photocopy front and back of the credit card and picture ID.