



Hotel Reservation Form Laval International Soccer Cup 2015

Please complete the reservation form and return to us by email at coupelaval@soccer-laval.gc.ca or by fax at 450-975-1106 to the attention of Francine Lahaie, in charge for registrations for Laval International Soccer Cup 2015.

Partners Hotels :

Comfort Inn Laval 108\$ 1-877-574-6835 (1-2-1) www.comfortqualityquebec.com Internet access	Quality Suites Laval 120\$ 1-877-574-6835 (1-2-1) www.comfortqualityquebec.com Continental Breakfast included Internet access
Hilton Montreal/Laval 135\$ 1-800-363-7948 www.hilton.com Indoor pool	Sheraton Laval 135\$ 1- 888- 333 3140 www.hilaval.com Indoor pool
Le st-Martin Hôtel & Suites 135\$ 1-866-904-6835 www.lestmartin.com Jacuzzi intérieur / Accès Internet Wi-Fi	Holiday Inn Montreal/Laval 135\$ 1-888-333-3140 www.hilaval.com Indoor Pool Internet access
Crown Plaza Hotel 129\$ 1-877-344-1999/514-344-1999 www.crowneplaza.com/montrealrpt 120 foot waterslide with indoor pool	Best Western Plus Laval 115\$ 1-800-605-5115 / 450-681-9000 www.bestwesternlavalhotel.com Petit déjeuner inclus Piscine intérieure / Accès Internet
Holiday Inn Airport Airport 109\$ 1-800-361-5430 www.holidayinn.com/arptmontreal Piscine intérieure / Aire de jeux	Éconolodge (prix sur reservation) (450) 681-6411

*** Please note that prices do not included taxes ***

**Hotel**Your Choice : _____
(Name of Hotel)**Dates**Arrival : _____ Departure: _____
(day) (month) (year) (day) (month) (year)**Reservation for Group**YES NO Soccer Team name : _____ Category: _____
(Even if you reserved only for your family)How many Suites _____
How many standard room (one bed) _____ How many standard room (two beds) _____**Preferences**

Specific Preferences : _____

People per room*Please indicate name and age for each person*

Room	Person - 1	Person - 2	Person - 3	Person - 4
1				
2				
3				
4				
5				

Personal Information of the person in charge of the reservation for Soccer Team

Name (M. or Mrs) _____

Email Address : _____

Address: _____
(no.) (street) (Ville) (prov.) (postal code)

Tel: (day): _____ (night): _____ Fax: _____

Credit card payment

Type of card _____

Number of card _____ Expiration date (mm/aa): _____

SECTION RESERVED FOR HOTEL

Confirmation number : # _____

Reservation done by : _____
(Name of the person the hotel)

**Confirmation will be sent by email to the person who makes the reservation as soon as possible.
Francine Lahaie will also receive a confirmation to add to update your file.**