

**Hotel**1st Choice : _____
(Name of Hotel)2^e 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) _____

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.**