

GRAND YORK RITE OF COLORADO Hotel Reservation Form for Grand York Rite Sessions 2018 Colorado Springs Marriott



September 5 - 7, 2018

Arrival Date:		Departure Date	;:	
Last Name:	e:First Name:			
Address:				
City:		State:	Zip:	
E-Mail				
RateConCon	ooms are non-smoking e of \$119:00 + 10.25% nplementary wireless nplementary self-park ndard Check-in time: 4	tax per night. King/li internet in guest roc ing	ms and lobby	n
Amount of Ched	ck enclosed: \$			
Credit Card Number:				Expires:
Room Type Pre	ference:	King	Double	-
Name of other p	erson sharing your ro	om:		
Your anticipated	I time of arrival will be:			
If you have spe	cial needs (Wheelcha	r, etc.), please let th	e hotel know whe	en making your reservation.
To book on-line	open hyperlink: Boo	ok your group rate for	Colorado Grand	York Rite Grand Sessions
Group Name: Check-in: Check-out: Hotel Name: Hotel Address: Phone Number:	Colorado Springs Marri	ott		
rnone munibel.	113-200-1000			

Or complete this form and return by mail to the above address. **DO NOT DO BOTH, AND DO NOT MAIL THIS FORM TO THE GRAND YORK RITE OFFICE.**

THE MARRIOTT MUST RECEIVE YOUR RESERVATION NO LATER THAN 12:00am on AUGUST 10, 2018! NOTE: Any reservations requested after this date will be honored on a space and rate availability basis.