



RESERVATION REQUEST FORM
APPALACHIAN MOUNTAIN CLUB WINDSURFERS
September 8-10, 2017

A block of rooms has been served at the Lighthouse Inn for your group. To request a reservation, please complete this form and mail it with a check payable to the Lighthouse Inn for one night's deposit, per room, by **July 1, 2017** or we accept Visa & Master Card (see below). **Reservations made by this form only.** You may fax the form (508)398-5658 or mail to The Lighthouse Inn, P.O. Box 128, 1 Lighthouse Road, West Dennis, MA 02670. **Reservations not accepted by telephone.**

Please print or type:

Name(s): _____

Home address: _____

City/state/zip: _____

Day telephone: () _____ Today's date: ____/____/2015

Arrival day & date: _____ Departure day & date: _____
Check in time: after 3:00 p.m. Check out time: by 11:00 a.m.

_____ Single occupancy, \$270.00 per person _____ Double occupancy, \$230.00 per person
_____ Triple occupancy, \$210.00 per person _____ Quadruple occupancy, \$190.00 per person

Above rates subject to current 9.7% MA room tax, 7% meal taxes and 17% service charge.
Children ages 12 or under in same room as parents, no additional charges for room or breakfast.

If staying in a multiple occupancy room, name of person(s) sharing room:

Remember, reservation deadline is **July 1, 2017**. In the event of cancellation, full refund will be made 15 or more days prior to arrival. If cancellation is 14 or less days prior to arrival, deposit is forfeited.

I request that Lighthouse Inn charge my Visa/MasterCard credit card a \$150 deposit per person, per room.

Card number: _____ Exp. Date _____ 3-digit CSC code on back: _____

Signature: _____

Package rates include: Two night's accommodations
One dinner, Saturday
Two breakfasts, Saturday & Sunday
Service charges for wait staff, bellman and housekeepers
Use of all Lighthouse Inn recreational facilities