

**2009 Tournament of Champions-Session Two
Suite Request Form**

Guest Information <input type="checkbox"/> Team <input type="checkbox"/> Family <input type="checkbox"/> NCAA Coach <input type="checkbox"/> Other		
School/Team Name: _____		
Guest Name: _____		
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	Fax: _____	
Email: _____		

Suite Information (please specify amount of suites requested for each suite type)					
Teams Please Note: Only 4 Queen/Queen Suites Available Per Team					
Executive Suite 1 King Bed + Sofa Sleeper \$299.00 + fees & taxes	# of Suites:	Resort Suite 1 King Bed + Sofa Sleeper \$99.00 + fees & taxes	# of Suites:	Resort Suite 2 Queen Beds + Sofa Sleeper \$99.00 + fees & taxes	# of Suites:
Arrival Date: _____			Departure Date: _____		
*NOT Included in the rate is an \$8 resort fee and \$4 Housekeeping Gratuity (Per Suite, Per Night) – Resort Tax Rate is 12.27% (applicable for room & resort fee). Please visit website for details of what resort fee includes.					
72 Hours Required to Cancel Suite Reservation or Entire Stay Will be Charged to Credit Card Provided					
Please Provide 1 (Adult) Name For Every 2 Suites Requested (specify bed type by name):					
1. _____		3. _____			
2. _____		4. _____			

Form of Payment (if paying by check, mail in form with check. Prepayment required no later than December 10, 2009)	
<input type="checkbox"/> Check (payable to Arizona Grand Resort)	Amount Enclosed: \$ _____
Credit card information is required for ALL reservations. In order to ensure a speedy turnaround, please include the credit card information noted below	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club (for confirmation purposes only, card <u>must</u> be presented at check in)	
Card Holder Name: _____	
Card Number: _____	Exp Date: _____

Confirmation (Arizona Grand Resort Use Only)							
	Reservation #	Last Name	Type		Reservation #	Last Name	Type
1.				4.			
2.				5.			
3.				6.			

Mail This Form and Check:
Arizona Grand Resort
c/o Reservations Department
8000 S. Arizona Grand Parkway
Phoenix, AZ 85044

Fax This Form:
(602) 659-6350

Email This Form:
smrsvp@arizonagrandresort.com

Reservation Questions?
1-877-800-4888

****Please allow 72 hours for return confirmation when you fax or email this form.
If you have not heard back from the hotel please contact Reservations to make sure we
received your form****