

**INDY WELCOMES FC PRIDE CUP SOCCER TOURNAMENT
OCTOBER 4-5, 2008
HOTEL RESERVATION FORM**

GENERAL INFORMATION

To place team reservations, print this PDF form and:

FAX: Send completed form to 1-317-684-2492. (Use this same fax for rooming lists.)

OR, MAIL: Send completed form (and rooming lists) to FC Pride Housing Bureau, P.O. Box 7248, Indianapolis, IN 46207-7248.
Single rooms may be booked on the Internet at www.indy.org/fcpridecup or by phone at 1-800-556-INDY (4639).

All reservation requests will be made through the FC Pride Housing Bureau. DEADLINE: Wednesday, Sept. 3, 2008.

ACKNOWLEDGEMENTS: Acknowledgements will be sent after each reservation booking, modification and/or cancellation. Review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days after any transaction, please call the Housing Bureau at 1-800-556-INDY (4639). A valid credit card must be given by the Prime Contact to secure a booking. Please note: The Prime Contact designated on this form will be the assumed financially responsible party for all room reservations requested and acknowledged. This may be transferred as room list assignments are received for each individual room, but until such time, the designated Prime Contact will assume all financial responsibility in accordance with the following stated policy:

PLEASE READ CAREFULLY: **CANCELLATION POLICY:**

- A two-night minimum stay is required for this tourney regardless of game schedule
- Reservations cancelled after **Sept. 18, 2008** or no-shows will be charged for the entire reservation plus tax by the hotel
- Reservation is subject to availability and may be changed without notice.

Once booked, the hotel may contact you to establish form of payment, discuss special requests or needs and may sub-contract with their own policies. NOTE: You do not have to wait for tournament acceptance to book your rooms. If you are not accepted, all cancel policies are waived.

HOTEL INFORMATION

Number of Rooms: ____ **Arrival:** _____ **Departure:** _____ **Number of Nights:** ____

Type of room: 1 bed # _____

2 beds # _____

Hotel requested: 1st Choice _____

2nd Choice _____

3rd Choice _____

Requests will be processed on a first-come, first-served basis.

If all your choices are unavailable, we will contact you for alternative accommodation choices.

Special requests: Smoking Non-Smoking Handicapped Other _____ Requests are not guaranteed.

PRIME CONTACT INFORMATION

First Name: _____ Initial: _____ Last Name: _____

E-Mail Address : _____

Club Name: _____ Team Name: _____ Age Group: _____ Boys Girls

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Daytime or Cell Phone: _____ Fax: _____

International prefix and area code, if necessary: _____

Back-Up Contact Name: _____ Phone: _____

Additional Guests in Room: 1. _____

2. _____

3. _____

PAYMENT INFORMATION

Credit Cards: Visa Mastercard American Express Discover Other _____

Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

By signing I authorize my credit card to be charged in compliance with the above referenced cancellation policies should I cancel my reservation.

Checks: Check Number: _____ Amount: _____

Make checks payable to FC Pride Housing Bureau • P.O. Box 7248 • Indianapolis, IN 46207-7248

For additional information, call FC Pride Housing Bureau at 1-800-556-4639.