

**WISCONSIN STATE BOWLING TOURNAMENT - "ONE STOP SHOPPING"
SENIOR HOTEL/MOTEL RESERVATION FORM - FEBRUARY - APRIL, 2012**

1. Reservations **MUST** be received at least 30 days prior to your arrival to guarantee space and room rates.
2. Bowlers **PLEASE** use this form to make your reservations through the Wi St USBC B A.
3. Accommodations will be made on a first-come, first-serve basis. Please indicate 3 preferences in the event your first choice is not available. If choices are not provided, housing will be assigned. All rooms are non-smoking.
4. If making more than one room reservation, please complete the back of this form. A rooming list must be furnished at least 20 days prior to arrival. All confirmations will be confirmed to the person making the reservation.
5. All rooms **MUST** be guaranteed with a credit card. Rooms not cancelled at least 48 hours prior to arrival will be charged in full to the credit card.
6. All reservation changes and cancellations must be made directly with the Wi St USBC B A.

MAIL OR FAX PRINTED FORM TO: gbehr@wibowl.com - Fax 262-532-0624 - Wi St USBC B A, P O Box 136, Germantown, Wi 53022

PLEASE PRINT

ARRIVAL Name _____ e-mail _____

_____ Address _____ Phone _____

DEPARTURE City _____ St _____ Zip _____ Fax _____

_____ Credit Card _____ Card # _____ Expires _____

Select 3	Hotel Selection	Rate	#Adults in Room	# Rooms with 1/Bed	# Rooms with 2/Beds
	Best Western Baraboo	\$84.00			
	Clarion Hotel, Baraboo	\$75.99			
	Great Wolf Lodge, Wi Dells	\$161.00			
	Ramada, Wi Dells	\$79.00			
	Wintergreen Resort, Wi Dells	\$79.00			

Handicapped (Circle) Yes

**2012 Wisconsin State USBC B A Bowling Tournament
SENIOR ROOM BLOCK ROSTER**

When reserving a block of rooms for your team, please complete this form and assign a name to each Room and indicate room type desired. Your completed form **MUST** be returned to the Wisconsin State USBC Bowling Association 20 days prior to your arrival. Please copy this form for any additional Names. **PLEASE PRINT.**

<u>Name</u>	<u>Arrival</u>	<u>Departure</u>	<u>#of Beds</u>	<u>Handicap</u>
1. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
2. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
3. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
4. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
5. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
6. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
7. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
8. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
9. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____
10. _____	_____	_____	1 or 2	Y or N
Credit Card # _____		Card Type _____		Exp. Date _____

Note: The credit card number provided on the front of this form will be used to guarantee all reserved