Date Rec.

Resv. No.

HOTEL RESERVATION FORM GRAND CHAPTER OF ALABAMA ORDER OF THE EASTERN STAR OCTOBER 9, 10, 11, 12, 2025

Reservations must be received by September 8, 2025

18780 Explorer Drive Loxley, AL, 36551 E-mail:captainsmc2010@gmail.com	MAIL TO: Allen McGee, PP Housing Chairman	PHONE: (251) 802-1037 Cell
Loxley, AL 36551 E-mail:captainsmc2010@gmail.com	18780 Explorer Drive	
	Loxley, AL 36551	E-mail: captainsmc2010@gmail.com

- 1. Reservations **MUST** be made through the Housing Chairman **ONLY**, by **September 8**, 2025.
- 2. Hotels below <u>WILL NOT</u> take telephone reservations for special OES Rates.
- 3. DO NOT SEND ANY MONEY WITH THIS FORM. A *confirmation will be sent via email directly from the hotel* Please complete the bottom of this form regarding billing information for the hotel use. Confirmations will not be made without this information.
- 4. Credit card **MAY** be charged 1st night deposit 30 days prior to Arrival date.
- 5. Cancellations must be made 5 business days before arrival with the hotel to avoid forfeiture of deposit.
- 6. After September 8th, All changes in reservations, cancellations or additional rooms should be made directly with the assigned hotel. Any alterations to arrivals/departure dates must be made 5 business days prior to arrival. Any alterations to original reservations made *less* than 5 business days will result in hotel guest being responsible for full payment of original reservation.
- 7. Room rate for all hotels is **\$166 per night including taxes**. Parking FREE at all hotel properties.
- 8. Hotel assignments will be based on availability.
- 9. The signature below acknowledges all conditions as stated above.

Please indicate your preferred hot	el in order of prefere	nce:	
<u>Marriott Prattville Hotel</u> 2500 Legends Circle (Limited Availability)	Holiday II 203 Legends Co	•	Home 2 Suites by Hilton 2505 Legends Drive
	Loyalty Numb	oer:	
	PLEASE PRINT OF	<u>R TYPE BELOW</u>	
ARRIVAL DATE:		DEPARTURE D	ATE:
NAME:		TITLE:	
ADDRESS:		CITY:	
STATE: ZIP: PHO	ONE: ()	E-Mail	
	Names of addition	onal room occupants	
2		3	
4			
CREDIT CARD INFORMATION	(Hotel will not accept	reservation without a cre	edit card guarantee)
CARD TYPE: VISA:M	IASTERCARD:	AMEX:	_DISCOVER:
CREDIT CARD NUMBER:		EXP. DATE:	CVV:
NAME OF CARD HOLDER:			
SIGNATURE:			