



SIERRA NEVADA CLASSIC - ROOM REQUEST FORM

ELDORADO | CIRCUS CIRCUS | SILVER LEGACY

Indicate Hotel Choice Below: (Form must be returned via Fax)

Reservations *without* a list are available for up to ten (10) rooms by calling the number below:

- Silver Legacy Resort FAX form to: (775) 325-7177
- Eldorado Resort FAX form to: (775) 325-7177
- Circus Circus Reno FAX form to: (775) 329-0599

**Eldorado Resort / Silver Legacy Resort / Circus Circus
(888) 288-1833 Group Code: SNC18**

TEAM NAME: _____

Phone: _____ Email: _____

Must provide individual credit cards for each room OR one credit card for all rooms at time of reservation)

	Wednesday 12/26/18	Thursday 12/17/18	Friday 12/28/18	Saturday 12/29/18
Circus Circus Reno	\$52.00	\$52.00	\$100.00	\$135.00
Silver Legacy Resort	\$65.00	\$65.00	\$115.00	\$145.00
Eldorado Resort	\$65.00	\$65.00	\$115.00	\$145.00

** A Daily Resort Fee (*subject to change*) and \$3.00 City Fee will be assessed per room, per night, plus applicable tax of 13.5%. Eldorado Resort Fee \$25.00, Silver Legacy Resort \$25.00, Circus Circus Reno \$25.00.

- Individual Cards for Each Reservation (1st night's room & tax will be charged)
- All Room & Tax Charges Paid by single Credit Card (Room & tax charged to card for entire stay at time of reservation)
- Check or Purchase Order for All Reservations (Due before Cut-Off Date listed below)
- Check or Purchase Order for All Reservations (Submitting at Check-In - Requires Credit Card Guarantee below)

	Guest(s) Name	Arrival Date	Departure Date	Credit Card Number and Expiration Date (For Individual Pay On Own)	One Bed	Two Beds	Confirmation (Internal Use)
1		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
2		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
3		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
4		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
5		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
6		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
7		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
8		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
9		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	
10		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>	

*Reservations are not confirmed or guaranteed until you have received Confirmation Number(s). Please allow five to seven business days after submitting form for receipt of confirmation numbers. **CUT OF DATE FOR SUBMITTAL OF RESERVATIONS: NOVEMBER 30, 2018**

- Guest will arrive at check-in as a Group with either individual pay or group pay, with authorized signors present.
- Guests will arrive individually to check-in at the Front Desk (If billed to a single group card, authorized signor must be present to authorize charges prior to any other guests receiving keys.)

CREDIT CARD AUTHORIZATION FORM (All guest rooms to be charged to a single card)

YOUR SIGNATURE DENOTES ACCEPTANCE OF ALL TERMS & CONDITIONS INCLUDED IN THE HOTEL AGREEMENT.

- CREDIT CARD** For your convenience, we will use this authorization to charge your credit card for **charges you authorized** and any additional amounts that may be incurred as a result of **any charges made** on site by your representative.
If using a DEBIT CARD please be advised that this authorization may affect your checking account until final settlement of transaction.

SERVICES TO BE COVERED BY THIS CREDIT CARD:

- Room and Tax Only
 - Guest Room
 - City Fee and Tax
 - Resort Fee
 - Security Deposit (includes any damage or removal of items from guest room)
- Room and Tax and Incidentals
 - Includes on-site charges to guest room (Room Service Etc)

- American Express Discover MasterCard VISA Diners Club Carte Blanche JCB

Cardholder's Name: _____

Street Address: _____ City: _____ State: _____ Zip _____

Billing Address: _____ Phone: _____ Email: _____

Authorized Signature: _____

CREDIT CARD INFORMATION:

CREDIT CARD NUMBER:

EXP DATE: