



Employee Reservation Request Form

Today's Date: ____/____/____

Name of Employee: _____

Name on Reservation: _____

Who is the Reservation for?

FRIEND

FAMILY

OTHER: _____

Phone Number: _____

E-mail Address: _____

Requested Dates for Reservation: _____

Room Type Requested:

Single King

Two Queen Beds

Number of Rooms: _____

Special Requests/comments: _____

Reminders: Make reservations at least 2 weeks in advance for better availability. During peak season there may be a minimum length of stay requirement on holidays, Saturdays, or high demand dates. Rates fluctuate based on demand.

ALL RESERVATIONS REQUIRE A CREDIT CARD TO GUARANTEE THE RESERVATION AND WILL BE CHARGED 72 HOURS IN ADVANCE FOR THE FIRST NIGHT'S ROOM AND TAX. REMINDER ALL RESERVATIONS HAVE A 15% TAX ADDED TO THE RATE PER NIGHT. THE GUEST WILL NEED TO PROVIDE A CREDIT CARD AT THE TIME OF CHECK IN FOR INCIDENTALS.

Please return to Jennifer Mackechney ext 1229 jmackechney@moodygardens.org or La Donna ext 1220 llee@moodygardens.org or via fax 409-683-4937.

ADMIN ONLY

APPROVED: YES OR NO DENIAL REASON: _____

CALLED/EMAILED: YES OR NO _____

SUGGESTED RATE \$ _____ HGR\$ _____ LGR \$ _____

APPROVED RATE: \$ _____ APPROVAL INITIALS: _____ CONF#: _____