

Date Rec. \_\_\_\_\_

Resv. No. \_\_\_\_\_

**HOTEL RESERVATION FORM  
GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR**

**APRIL 9, 10, 11, 2024**

**Reservations must be received by March 13, 2024**

MAIL TO: Michael H. Feit, Housing Chairman  
P.O. 65387  
Orange Park, FL 32065-5387

PHONE: (904) 264-2040 Home  
E-mail: oesjoy@att.net

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **March 13, 2024**.
2. Hotels below ***WILL NOT*** take telephone reservations for special OES Rates.
3. **DO NOT SEND ANY MONEY WITH THIS FORM.** A ***confirmation will be sent 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 1<sup>st</sup>. 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 **March 13<sup>st</sup>**, **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. "Early Departure Fee" (**\$100.00**) **may** be charged for *not* staying required **3 night minimum at Headquarters.**
8. Hotel assignments will be based on availability.
9. The signature below acknowledges all conditions as stated above.

**Hotel:** \_\_\_\_\_ Self Parking "**FREE**" At This Property

\_\_\_\_\_ Renaissance Resort – World Golf Village, 500 S. Legacy Trl. St. Augustine, FL. 32092  
\$ 103.00 plus tax ( 1 to 4 per room ) ( **Headquarters & Session** ) ( **3 Night Minimum** ) **100 % Smoke Free!**

**ROOM TYPE: (PLEASE CHECK)** \_\_\_\_\_ **One Person** \_\_\_\_\_ **Two People** \_\_\_\_\_ **Three People** \_\_\_\_\_ **Four People**  
\_\_\_\_\_ **2 Doubles** \_\_\_\_\_ **King**

**SPECIAL REQUEST:** Handicap \_\_\_\_\_ ***NOTE: ALL handicap rooms only have One (1) King bed!***

**ARRIVAL DATE:** APRIL 2024 **DEPARTURE DATE:** APRIL 2024

**PLEASE PRINT OR TYPE BELOW**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Names of additional room occupants: required because of 911 / Homeland Security

2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_

**CREDIT CARD INFORMATION** (Hotel will not accept reservation without a credit card guarantee)

CARD TYPE: VISA: \_\_\_\_\_ MASTERCARD: \_\_\_\_\_ AMEX: \_\_\_\_\_ DISCOVER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Form Approved by the Worthy Grand Matron

**Please DO NOT write below line**

**# of Nights** \_\_\_\_\_

Revised 3/21/23

**(OFFICE USE ONLY)**

[Type here]