LITTLE RIVER
GOLF & RESORT

RESERVATION FORM

ATTENTION: RESERVATIONS DEPARTMENT **TODAY'S DATE**: _____
GROUP NAME: NC Division of Society of American Foresters
GROUP DATES: June 2 – 4, 2010

ROOM RATES:
Single Suite (1 person per villa): $135.00 per person per night
Single Occupancy (1 person per bedroom/2 people per villa): $77.00 per person per night
Double Occupancy (2 people per bedroom/4 people per villa): $55.00 per person per night
Triple Occupancy (2 people in 1 bedroom, 1 person in other bedroom / 3 people per Villa): $55.00 per person for 2 people / $77.00 per person for 1 person

ROOM RATE INCLUDES: Room accommodations and taxes.

1. Hotel Reservations must be received by **Monday May 3rd, 2010**. Reservations made after are on a first come first serve basis.
2. Hotel check-in time is 3:00 pm and checkout is 11:00 am.
3. For reservation by phone please call 888-766-6538; by fax 910-949-5009.
4. All villas are non-smoking.
5. Little River does not permit pets; we will be glad to provide information for local kennels.

Deposit Policy: Upon booking **a one night's lodging deposit** is required to confirm your reservation. Remaining balance is due upon check-in.

Cancellation Policy: Reservations cancelled 31 days or more prior to you r scheduled arrival will be fully refunded. Reservations cancelled 30 days or less prior to arrival will result in a forfeiture of the entire deposit.

Arrival: (Day/Date): _____ **Departure:** (Day/Date): _____

Name: _____
Please indicate Occupancy: Single Room: (1 person per bedroom/ 2 people per villa): _____
Double Room: (2 people per bedroom/4 people per villa): _____
Triple Room: (3 people per Villa, 2 people in 1 bedroom, 1 person in other) _____

If Double Occupancy: Roommate(s) Name: _____
(Roommate must also complete and return a reservation form; unless spouse or child)

If Triple Occupancy, please indicate other Villa-mate name(s): _____
(Roommate must also complete and return a reservation form; unless spouse or child)

Address: _____

City/State/Zip: _____ Day Time Phone: _____

E-Mail: _____ Fax Number: _____

DEPOSIT INFORMATION:
A deposit of $ _____ is enclosed (Make checks payable to Little River Golf & Resort) **OR** I will pay with my account with:

American Express _____ Master Card _____ Visa _____ Discover _____ Diners _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Special Instructions: _____
(Special instructions on a request basis only and cannot be guaranteed)