

Lee Evans Tournament of the Americas

HOTEL RESERVATION FORM

Fill out ONE FORM PER ROOM

Our 2006 Official Tournament Hotel

Crowne Plaza Resort Hotel at Fort Lauderdale Sawgrass Mills

13400 West Sunrise Boulevard, Sunrise, Florida 33323

Hotel Reservation requires credit card information for "first night" deposit to hold any reservation. Credit card will not be charged unless you fail to show without 48 hour prior notice to Tournament Office. A separate form must be submitted for each room requested. Form must have full names of all persons who will occupy room.

All rates quoted are the same for a single, double, triple or quad room for up to 4 persons sharing a room. Rooms have king bed or 2 double beds. Room rate is the same for entire length of stay as long as the dates include our tournament dates. Due to our special sponsor hotel rates, no reservations will be taken directly by hotel at the tournament rate. All reservations and cancellations must be made through the Tournament Office. The room placement is at the discretion of the hotel, any requests for specific rooms or area in the hotel (upgrades) will be at higher price than the Tournament's special rate for a standard room. Suites are also available at a tournament reduced rate.

Special Sponsor Rate: SINGLE, DOUBLE, TRIPLE OR QUAD IS THE SAME RATE - \$99.00 per room/per night + 11% tax. Payable to hotel. There is an extra \$15 per night charge for a roll-away bed. Free parking in covered garage.

Reservation deadline - August 1, 2006. Reservations arriving at the Tournament Office later than deadline, may be charged at hotel's regular rack rate of \$149 and/or rooms may not be available. The hotel has set this deadline to reserve rooms. We can not guarantee availability after this date.

ARRIVAL DATE: _____ TIME: _____ DEPARTURE DATE: _____

Name _____

Address _____

City _____ State _____ Country _____ Postalcode _____

Phone _____ Fax: _____

E-mail: _____

Number in party _____ MUST LIST NAMES OF ALL PERSONS WHO WILL OCCUPY ROOM:

1. _____ 2. _____

3. _____ 4. _____

PLEASE RESERVE:

____ 2 DOUBLE BEDS in ROOM ____ 1 KING BED ____ Smoking ____ Non-Smoking

Special requests: _____

CREDIT CARD INFORMATION: ADVANCE DEPOSIT - CREDIT CARD GUARANTEE REQUIRED.

Type _____ Number _____ Expires _____

Name as it appears on Card: _____

SIGNATURE of person responsible for payment: _____

Return to: Bowling Tournaments of The Americas Association, 6919 W. Broward Blvd., Plantation, FL 33317
Or Fax to 1-954-423-4081