

**MAIL THIS PAGE TO: AMERICAN LEGION, P.O. BOX 8007, DELAWARE, OH 43015
CONTACT REBECCA CORBIN WITH ANY QUESTIONS AT 740-513-5389 OR
CORBIN@OHIOLEGION.COM**

Please reserve a room in the **Hampton Inn Charlotte Uptown**,
SEND ALL RESERVATIONS TO DEPARTMENT

Arrival Date: _____

Departure Date: _____

Double **King** **Special Requirements** _____

PLEASE INDICATE ALL BOXES THAT APPLY:

NAME	LEG/SAL/DUAL/ AUX	DEL/ALT/VIS

- VISITORS ONLY Payment of \$_____ for the first night's deposit + \$25.00 per visitor
- Charge my credit card Account # _____ - _____ - _____ - _____

Card Type: **MasterCard** ____ **Visa** ____ **Discover** ____ **Expiration date** _____ **CVV #** _____

Authorizing Signature _____

No housing needed
Must notify Department

Name _____

Not attending
Must notify Department

Address _____

City _____

State _____ Zip Code _____

Post/Unit/Squad # _____

DAY TIME TELEPHONE NUMBER WHERE YOU CAN BE REACHED _____

Email address: _____

**Include the Registration Fee for all adult visitors 18 and older.
ONLY ONE ROOM RESERVATION PER FORM
Deadline: **July 3, 2023****