

**THE AMERICAN LEGION, DEPARTMENT OF OHIO BOWLING TOURNAMENT
DATA SHEETS
HOTEL
REQUEST FOR PROPOSAL**

NAME OF HOTEL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SALES DIRECTOR: _____

TOTAL NUMBER OF SLEEPING ROOMS: _____

TOTAL NUMBER OF ROOMS COMMITTED: _____

"COMP" POLICY (TOTAL NUMBER OF ROOMS THAT CAN BE COMP): _____

BEST ROOM RATE FOR EVENT: _____

TAX RATE: _____

CHECK IN TIME: _____ CHECK OUT TIME: _____

POLICY OF BRINING BEVERAGES INTO HOTEL/MOTEL:

IS THE PROPERTY IN COMPLIANCE WITH THE DISABILITY ACT IN BOTH:

a) SLEEPING ROOMS YES _____ NO _____

b) PUBLIC SPACES YES _____ NO _____

PARKING FEES? _____

SIGN: _____

DATE: _____

HOTEL REPRESENTATIVE