

AMERICAN LEGION  
Department of Massachusetts  
2010 CONVENTION  
Hotel Reservation Form

**Rooms will ONLY be reserved through the Housing Chairman**

**Changes will ONLY be processed through the Housing Chairman**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Governor Bradford  
Water St  
Plymouth Ma 02360

TWO-night minimum stay required. Room rate: \$110.58 per night, including tax

Wednesday	Thursday	Friday	Saturday
June 2	June 3	June 4	June 5
_____	_____	_____	_____

***ALL rooms are NON-smoking. (cleaning fee is \$250)***

2 beds \_\_\_\_\_ 1 bed \_\_\_\_\_ H/C accessible \_\_\_\_\_

Payment: Deposits are credited to the final night of your stay. No Show's will be charged one night and remainder of reservation will be cancelled.

Check \_\_\_\_\_ A one night deposit must accompany this form.

Credit card: type \_\_\_\_\_ Expiration date: \_\_\_\_\_

Credit card number \_\_\_\_\_

Signature \_\_\_\_\_

Return to: Ken Holmes, Housing Chairman  
30 Lady Slipper Dr.  
Plymouth, MA 02360-3582  
e-mail: holmeskth1620@aol.com

Cut off date:  
May 1, 2010