

The Philips Hotel
2010 Penn State Football Hotel Reservation Request Form
Please return completed Page 1 of form by facsimile to (814) 231-4051 or by mailing to
The Philips Hotel, 200 E. Presqueisle Street, Philipsburg, PA 16866
Incomplete forms will be immediately rejected.

This document is a contract, by submitting the information requested and payment information, you are agreeing to the terms as printed on this form. Any modifications to the form will result in an immediate rejection of the request. By initializing here: _____ you agree that you understand the terms, in full, of this form.

TERMS:

- ❖ All stays are require a minimum of TWO NIGHT.
- ❖ All reservations must be prepaid IN FULL at the time the reservation is accepted and confirmed.
- ❖ Prices quoted are for the maximum number of persons listed per room. There will be an additional fee of \$75 per night for every additional person.
- ❖ Your room is NOT CONFIRMED until you receive a WRITTEN confirmation from The Philips.

Indicate Number of Rooms requestd: (prices listed are per night)

HOME GAME REQUESTS:	King Suite(\$350)	Queen Suite (\$200)	Double(\$175)	Single (\$150)
Youngstown St. Sept. 3-4	_____	_____	_____	_____
Kent State Sept. 17-18	_____	_____	_____	_____
Temple Sept. 24-25	_____	_____	_____	_____
Illinois Oct. 8-9	_____	_____	_____	_____
Michigan Oct. 29-30	_____	_____	_____	_____
Michigan State Nov. 26-27	_____	_____	_____	_____

Total No. of Adults/children: _____

CANCELLATIONS: . Payment is non-refundable 30 days prior to your stay. Cancellations are subject to a \$100 cancellation fee per room and must be received no later than 30 days prior to your stay. Cancellations received within 30 days of your reservation will result in a forfeit of the entire fee. Agreed: _____ (initial).

PAYMENT: Your credit card will not be billed until your reservation is accepted and a confirmation is secured.

Type of Card (circle) Visa MC AMEX CHECK ENCLOSED

Name on Card: _____ (please print)

Billing Address _____

Credit Card No. _____ Exp. Date: _____

3 or 4 digit security code (on reverse of Visa/MC; front of AMEX) _____

Best number to reach you: _____

Email: _____

AUTHORIZATION TO CHARGE CARD FOR ROOM RESERVATIONS:

_____ By signing this form, I agree to the terms and conditions contained herein, including the cancellation policy

ROOM TYPES: (Priced for 2 night minimum)

KING SUITE: Accommodates 4. One King Bed, one double bed Suite. \$600

QUEEN SUITE: Accommodates 2. One Queen Bed Suite. \$400

DOUBLE: Accommodates 4. Two bedrooms that share a bath; double beds. \$350

SINGLE: Accommodates 2. Queen bed with bath. \$300