



# 2012 *Dynamite Classic* Reservation Form

**June 14<sup>th</sup>-17<sup>th</sup>**  
LEXINGTON, SOUTH CAROLINA

TEAM NAME: \_\_\_\_\_ LEXINGTON COUNTY RECREATION & AGING COMMISSION (LCRAC) – IATA #52-454835

CONTACT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_ HOTEL NAME & PHONE#: \_\_\_\_\_

\* Enter Arrival Date & Departure Date. Indicate smoking or special needs room.

HOTEL CONFIRMATION NUMBER	FIRST & LAST NAME RESPONSIBLE FOR PAY	K	2D	ARRIVAL DATE	DEPT DATE	SPECIAL REQUEST	INSTRUCTIONS TO GUARANTEE BLOCK WITH A CREDIT CARD
1.							<p>Please call hotel direct immediately with credit card info to hold block.</p> <p>Please have person responsible for payment to call hotel direct with credit card.</p> <p>Please remember if you don't secure rooms by deadline you risk the possibilities of rooms being sold to another team. Please check with hotel for date extension.</p>
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18.							

Please enter **FIRST & LAST** name of person **responsible** for payment. "K" stands for King & "2D" stands for Double. **VERIFY** hotel's cancellation policies. Return form to [pcriscione@lcrac.com](mailto:pcriscione@lcrac.com) for approved block. Hotel need guest names Please **BOOK YOUR RESERVATIONS EARLY** to ensure a room & special tournament rate. Check with hotel for date extensions.