



The Elks Convention  
 Virginia State Housing Chairman  
 Darryl T. Myers  
 1877 Orphanage Rd  
 Danville, VA 24540-8815  
 434 -489-1776  
 434-836-4908

**HOUSING REQUEST FORM**  
 Friday, July 15 - Thursday, July 21, 2011

GUEST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_  
 DEPARTURE DATE: \_\_\_\_\_

Reservations must be made by Wednesday, June 15<sup>th</sup>, 2011. Reservations received after these dates are subject to availability. Please indicate your room type preferences below. All accommodation requests are subject to availability at check-in. Check-in time is 3:00pm and check-out time is 12:00pm.

# of Rooms	Type of Accommodation	Rate
_____	King Bed/Single, Double, Triple, Quad	\$115.00*
_____	2 Double Beds / Single, Double, Triple, Quad	\$115.00*
SPECIAL NEEDS PLEASE SPECIFY _____		

\*Plus 13.27% tax. Tax is subject to change. Includes use of fitness center and pool. All reservations must be accompanied by a first night deposit or with a major credit card. (All credit cards will be charged at the time reservation is made) Cancellation is 72 hours prior to arrival. "No-Shows" will forfeit the one night's deposit. A "no-show" will result in a loss of the entire room reservation.

CARD TYPE: \_\_\_\_\_  
 CREDIT CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_  
 NAME ON CARD: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

PLEASE SUBMIT HOUSING REQUEST FORM TO DARRYL T. MYERS AT  
[DTM@CHATMOSSCABLE.COM](mailto:DTM@CHATMOSSCABLE.COM)