



GROUP INFORMATION

Group Name: _____
 Organization: _____
 Contact Person: _____
 E-mail Address: _____
 Primary Phone Number: _____ Mobile Phone Number: _____
 Fax Number: _____
 Mailing Address: _____
 City: _____ State/Province/Region: _____
 ZIP/Postal Code: _____ Country: _____

AGENT INFORMATION *Please fill out this section if you are booking on a group's behalf.*

Agency or Company Name: _____
 Agent Name: _____
 E-mail Address: _____
 Office Phone Number: _____ Mobile Phone Number: _____
 Fax Number: _____
 Mailing Address: _____
 City: _____ State/Province/Region: _____
 ZIP/Postal Code: _____ Country: _____

ARRIVAL INFORMATION

Location Preferences: New York: Park Lenox Town Times Square
 Miami: South Beach
 Montreal: St. Denis

Arrival Date: *(mm/dd/yyyy)* _____ Time: _____
 Departure Date: *(mm/dd/yyyy)* _____ Time: _____

ACCOMMODATION & AMENITIES PREFERENCES

Group Size: Students/Children _____ Leaders/Adults _____
 Age Range of Group: _____
 Do you have any specific room size preferences? *(We offer 4,6,8,10,12 or 14-bed dorms, depending on availability)*

Do you require rooms to be separated by gender? No Yes: Number of Males _____ Number of Females _____
 Do you require separate rooms for group leaders? *(We offer single, double or 4-bed as private rooms, depending on availability)*

Do you require ensuites? *(Some of our locations offer ensuites bathrooms in the dorm rooms)*

Are you also interested in... Transportation Meal Services Attraction Tickets
 Additional comments, concerns or special requests?