

Reservation Request Form for:

BIDUS / RHYNER WEDDING

Account #

2493

October 21 - 24, 2010

Depart Confirmation to be continu							
Resort Confirmation to be sent to:							
NAME					****		
ADDRESS	First				Middle		
СІТҮ		STATE		ZIP (CODE		
E-MAIL							
PHONE							
daytime		_	evenin	g			
AdultsChildren		_Crib?	A	High	chair?		
ARRIVAL DATE		DEPART	URE	DATE			
Check-in 4:00pm *Sorry, early check-ins	are not availa	ilable* Check-out			-out 11:0	0am	
Resort Reservation cut-off date	Septembe						
*Use one form for each reservation. *Rooms requested after the cut-off date will be *Mail this form directly to The Landmark F *For phone reservations or assistance, pleas	Resort, 7643 H	Hillside Roa			9.		
ALL LODGING SUITES ARE NON-SMOKIN			ho cha	rand to any auget	in violati	on of the	
	G. A \$250.00	penalty will	be cha	rged to any guest	. III VIOIALI	on or the	
non-smoking policy.	DATE			# OF NICHTS	=	TOTAL	
TYPE OF SUITE	RATE pe Sun - Thurs	_	Х	# OF NIGHTS	. =	TOTAL	
1 Dedreem weedside gueen	\$76.00	\$116.00			=		
1 Bedroom woodside queen	\$81.00	\$110.00					
Bedroom woodside king Bedroom amenity level waterside queen	\$76.00	\$116.00			- =		
Bedroom main level waterside queen	\$85.00	\$126.00			- =		
Bedroom main level waterside king	\$91.00	\$144.00					
2 Bedroom 1 Bath woodside	\$86.00	\$132.00					
2 Bedroom 1 Bath waterside	\$91.00	\$154.00			_ =		
2 Bedroom 2 Bath woodside	\$97.00	\$149.00		Market Street St	_ =		
2 Bedroom 2 Bath waterside	\$106.00	\$171.00			_ =		
2 NIGHT MINIMUM STAY REQUIRED				<i>d C</i>	* /	L' O D . I .	
Lodging is located in more than 1 buildin	g.	1	_	•		ding 3 Bedro	
AAA or AARP members may receive a 10%		Fri / Sat rat	_{es} ar	e available	- pleas	se call	
Rates are based on double occupancy per	r bedroom; a	charge of \$	12.00 p	er person per n	ight will		
apply to any additional guests over 12 yea							
A 50% DEPOSIT OR 1 NIGHT'S STAY, which	chever is gre	ater, is requ	ired to	guarantee this i	reservati	on.	
DEPOSIT AMOUNT \$		_ Total taxes a	are 11%	including State, Cou	inty and ro	om tax.	
Charge to credit card #					_Exp		
Enclosed please find my check or money ord	ler#						
A COPY OF YOUR TAX EXEMPT CERTIFIC	CATE MUST E	BE ATTACHI	ED TO	THIS FORM TO	CLAIM E	XEMPTION.	
Cancellation Policy: Deposit will be refunde prior to arrival. Any cancellation within 14 da "No-show" reservations will be cancelled afte	ys of arrival o	r a "no-show					

LANDMARK RESORT

7643 Hillside Road

Egg Harbor, WI 54209

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FAX (920) 868-2569

1-800-273-7877

www.thelandmarkresort.com