



DIRECTOR RESERVATION FORM
New Hampshire Athletic Directors Association
Wednesday, May 23 – Friday, May 25, 2018

Please fill out completely:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Roommate(s) _____

**Separate reservation form MUST be filled out for each conference attendee. If roommate is spouse/other, please indicate above.*

***Special Requests:** _____

**Room type requests are based on availability and are not guaranteed.*

Arrival Date: _____ **Departure Date:** _____

of Adults: _____ **# and Ages of Children:** _____

***Email Address:** _____

**For confirmation purposes only (please allow 7-10 business days for confirmation)*

***ROOM RATE(S)** (Please All That Apply):

____ TUESDAY (05/22/18) EARLY ARRIVAL: Single/Double Occupancy: \$109.00 per room per night, plus to 9% tax

AD ONE-NIGHT PACKAGE RATES*:

____ Single Occupancy \$254.00 ____ Triple Occupancy \$187.00 per person
____ Double Occupancy \$196.00 per person ____ Quad Occupancy \$184.00 per person

**Above rates includes one night accommodation in a standard room with 1 king or 2 double beds, Wednesday BBQ Dinner and Hospitality with the vendors, Thursday Breakfast Buffet and Banquet Luncheon, all taxes and gratuities.*

AD TWO-NIGHT PACKAGE RATES:**

____ Single Occupancy \$383.00 ____ Triple Occupancy \$249.00 per person
____ Double Occupancy \$269.00 per person ____ Quad Occupancy \$244.00 per person

***Above rates includes two night's accommodation in a standard room with 1 king or 2 double beds, Wednesday BBQ Dinner and Hospitality with the vendors, Thursday Breakfast Buffet and Banquet Luncheon, Friday Breakfast Buffet, all taxes and gratuities.*

***Cancellation Policy: Reservations canceled 72 hours prior to arrival will be charged only a \$25.00 cancellation fee. Reservations canceled within 72 hours will be charged a one night's deposit.**

Please mail /fax reservation form with an advance deposit equal to one night's stay by May 8, 2018 to the address/fax below.

All reservations received after this date accepted on a space-available basis at a rate being offered to the general public. Please note for security purposes, we cannot accept credit card information via email.

Credit Card #: _____ Exp Date: _____

**Must provide in order to guarantee room*

Name As It Appears on Card: _____ Security PIN#: _____

Cardholder's Signature: _____

Red Jacket Mountain View Resort & Indoor Water Park
PO Box 2000, North Conway, NH 03860 / Phone #: 603-356-5411 / Fax #: 603-356-6050