



Hotel Reservation Form ARS LAVAL NATIONAL 2017

Please complete the reservation form and return to us by email at info@soccer-laval.qc.ca or by fax at 450-975-1106 to the attention of Francine Lahaie, in charge for registrations for ARS Laval National 2017.

Partners Hotels :

Confort Inn Laval 106\$ 1-877-574-6835 (1-2-1) www.comfortqualityquebec.com Accès Internet	Quality Suites Laval 119\$ 1-877-574-6835 (1-2-1) www.comfortqualityquebec.com Accès Internet / Petit déjeuner continental deluxe incl.us
Hilton Montréal/Laval 135\$ 1-800-363-7948 www.hilton-laval.com Piscine intérieure	Sheraton de Laval 135\$ 1-800-667-2440 www.sheraton-laval.com Piscine intérieure
Holiday Inn Montréal/Laval 129\$ 1-888-333-3140 www.hilaval.com Piscine intérieure / accès Internet	Crowne Plaza 120\$ 1-877-344-1999 / 514-344-1999 www.crowneplaza.com/montrealarpt Piscine intérieure avec glissade d'eau
Hampton Inn & Suites ** Prix sur réservation 450-687-0010 www.hampton.com Piscine intérieure / Accès Internet Petit déjeuner chaud inclus	Holiday Inn Aéroport Montréal 115\$ 514-739-6440 www.holidayinn.com/arptmontreal Piscine intérieure / Accès Internet Petit déjeuner (prix spécial)
Écono Lodge (**prix sur réservation) 450-681-6411 Accès Internet Wi-Fi / Petit-déjeuner inclus	Le St-Martin Hôtel & Suites 1-866-904-6835 (coût : à venir) www.lestmartin.com Petit-déjeuner continental inclus Jacuzzi intérieur / Accès Internet Wi-Fi (** min. 2 overnights stay)



Hotel

Your Choice (1st) : _____
(Name of Hotel)

Choice (2e): _____
(Name of Hotel)

Dates

Arrival : _____ Departure: _____
(day) (month) (year) (day) (month) (year)

Reservation for Group

YES NO

Soccer Team name : _____ Category: _____
(Even if you reserved only for your family)

How many Suites _____

How many standard room (one bed) _____ How many standard room (two beds) _____

People per room

Please indicate name and age for each person

Room	Person - 1	Person - 2	Person - 3	Person - 4
1				
2				
3				
4				
5				

Personal Information of the person in charge of the reservation for Soccer Team

Name (M. or Mrs) _____

Email Address : _____

Address: _____
(no.) (street) (Ville) (prov.) (postal code)

Tel: (day): _____ (night): _____ Fax: _____

Credit card payment

Type of card _____

Number of card _____ Expiration date (mm/aa): _____

SECTION RESERVED FOR HOTEL

Confirmation number : # _____

Reservation done by : _____
(Name of the person the hotel)

**Confirmation will be sent by email to the person who makes the reservation as soon as possible.
Francine Lahaie will also receive a confirmation to add to update your file.**