



Hotel Reservation Form Laval Indoor Soccer Cup 2017

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

Partners Hotels :

Confort Inn Laval 1-877-574-6835 (1-2-1) 106\$ (31 mars-1-2 avril) 125\$ (7-8-9 avril) www.comfortqualityquebec.com Accès Internet	Quality Suites Laval 1-877-574-6835 (1-2-1) 119\$ (31 mars-1-2 avril) 115\$ (7-8-9 avril) 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 1-888-333-3140 129\$ (31 mars-1-2 avril) 135\$ (7-8-9 avril) www.hilaval.com Piscine intérieure / accès Internet	Crowne Plaza 120\$ 1-877-344-1999 / 514-344-1999 www.crowneplaza.com/montrealrpt 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**1st Choice : _____
(Name of Hotel)2^e Choice: _____
(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.**