

RESERVATION FORM

NOTE: One form must be completed for each person

TO: RESERVATIONS DEPARTMENT, Pine Needles & Mid Pines Resort
1005 Midland Road, Southern Pines, NC 28387

DATE: _____ FAX NUMER: _____

FROM: _____

Name of Group: Hardee's/BB&T BSA Golf Classic
Group Dates: Wednesday, September 23 - Friday, September 25, 2015
Daily Package Rates: **Single Occupancy:** \$165
Double Occupancy: \$95 per person
(MAXIMUM OF 2 ADULTS PER ROOM)

Package includes: Room accommodations and breakfast

All rates are subject to a 15% Hotel Resort Fee, 6.75% NC State Sales Tax and a 3% Moore County Room Occupancy Tax.

1. Hotel Reservations must be received by Friday, August 28.
2. A credit card or payment for one night's room and tax is required to hold your reservation. This deposit will be applied to hold the last night of the scheduled stay.
3. Hotel check-in time is 2:00 pm and check-out is 11:00 am.
4. For reservations by **phone** call 1 (800) 747-7272, via **fax** (910) 692-5349, or via email: Reservations@RossResorts.com.
5. Rooms are subject to cancellation and attrition penalties as outlined in the group agreement.

Cancellation Policy: Reservations canceled prior to Friday, August 28 will be refunded their deposit, less a \$50.00 per person handling fee. Individual reservations canceled after August 28, including either early departure or late arrival, will result in forfeiture of deposit.

Dress Code: On Golf Course and Practice Facilities: Appropriate golf attire includes trousers, Bermuda length shorts and collared golf shirts. No jeans, please. Pine Needles and Mid Pines Resorts are non-metal spike facilities and encourage golfers to walk year round.

Arrival (Day/Date): _____ **Departure** (Day/Date): _____

Name: _____

Please indicate: Occupancy: ___ Single Room: ___ (one person per room): ___; and/or Double Room (two people per room): ___

If Double Occupancy: Roommate's Name: _____
(Must also complete and return a Reservation Form, unless spouse or child)

Address: _____

City/State/Zip: _____ **Day-Time Phone:** (____) _____ **Email:** _____

A deposit of _____ is enclosed. Make checks payable to Pine Needles & Mid Pines Resorts, Inc. or by credit card:

American Express: ___ Carte Blanche: ___ Diners: _____ Discover: _____ Master Card: _____ VISA: _____

NAME ON CARD MUST MATCH NAME ON RESERVATION:

Card Holder: _____ **Account No:** _____ **Exp. Date:** _____

Number of Rooms Required: _____ **No of Adults in Room:** _____ **Children:** _____ **Crib:** _____

Special Instructions: _____

Check Bed-Type Preference: Two beds: _____ King Bed: _____ Non-Smoking: _____ Smoking: _____