



Pre-Opening Reservation Form

Group Block Name _____

Guest Information

Guest Name: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Stay Details

Arrival Date: _____ Departure Date: _____

Number of Adults: _____ Number of Children: _____

Room Type Requested: (check mark request)

Non-Smoking Standard Two Queen (Max 4 per room): _____ (BASED UPON AVAILABILITY)

Non-Smoking Standard King (Max 2 per room): _____ (BASED UPON AVAILABILITY)

Credit Card Information

In order to guarantee reservations credit card information is required.

Credit Card Number: _____ Exp. Date: _____

Please submit the completed form via email to steve.mitchell2@hilton.com to confirm a pre-opening booking. Once the individual reservations can be manually entered into the hotel system a confirmation number will be sent via email.