



ROSEN HOTELS & RESORTS

UCF ROSEN COLLEGE PARENT RESERVATION REQUEST FORM

All Reservations accepted based on rate availability

Today's Date: _____ Student's Name: _____

Hotel Requested: (Please indicate 1st, 2nd or 3rd choice, etc...)

QII (\$45.00) __ QIP (\$45.00) __ Comfort (\$45.00) __ Rodeway (\$45.00)

Plaza (\$65.00) __ Centre (\$65.00) __ Creek (\$90.00)

Please provide the information below and we will EMAIL you back with a confirmation number.

Name of Guest: _____ (Parent or Guardian Only)	# of Rooms: _____ (Max. 2 rooms)
Address: _____	Arrival Date: _____
Address: _____	Departure Date: _____
City/State/Zip: _____	# of Nights: _____
Phone #: _____	
Email address: _____	
Special Request: _____	

Credit Card Information (Required)

TYPE: _____ CC#: _____ EXP. DATE: _____

Guest may pay cash upon arrival, credit card will be used for changes only if no other form of payment is presented at check-in or if damage occurs.

Please read and complete the following:

I, _____, am aware that I am responsible for the behavior and actions of my
(Print your name)
family while they are staying at any Rosen Hotels & Resorts property.

Signature: _____ Date: _____

Hotel Confirmation #: _____ Processed By: _____

Please email your reservation form to Internetsales@rosenhoteles.com or fax to (407) 996-6858. For questions about your reservation, contact Central Reservations at (407)996-6857.