

ST. ANDREW HIGH SCHOOL GROUP
APRIL 8-16, 2016
HOTEL BOOKING FORM

RESERVATION #	<i>To be completed by hotel staff</i>		BLOCK CODE: 160410SAHS	CUT OFF DATE April 3, 2016
ARRIVAL DATE *	FLIGHT # FLIGHT TIME*	DEPARTURE DATE *		DEPARTURE TIME *
GUEST NAME (S) *	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other			
SHARING WITH:				
# OF GUESTS *	ADULTS:		CHILDREN:	
Select room and bed type by ticking the appropriate boxes	<u>ROOM TYPE</u>	<u>NIGHTLY RATE (US\$)</u>		
	ROOM TYPE/BED TYPE	Single	Double	Triple
<i>Deluxe rooms have balconies.</i> <input type="checkbox"/>	DELUXE ROOM KING	171.39	196.69	221.99
<i>Deluxe Suites are slightly larger; With no balconies.</i> <input type="checkbox"/>	DELUXE SUITE KING	182.78	208.08	233.38
<i>Royal Club Suites enjoy access to the private club lounge with breakfast & cocktails served daily.</i> <input type="checkbox"/>	ROYAL JUNIOR SUITE KING	211.87	237.17	262.47
<ul style="list-style-type: none"> • Room/Bed types will be booked based on availability • Check In Time – 3 pm • Check Out Time 12 noon 	<ul style="list-style-type: none"> • Rates above are per room per night and are inclusive of: <ul style="list-style-type: none"> ○ Full buffet breakfast ○ Government Tax – 16.5% & Service Charge – 10% ○ Energy Surcharge – US\$8 ○ Special Room Tax - US\$ 4 • Maximum capacity of bedrooms is 4 persons with an extra person charge of US\$ 25.30 per person (applicable for the 4th person in the room) 			
CONTACT INFORMATION*	PHONE #		ADDRESS	
	FAX #			
	E-MAIL ADDRESS		:	
CREDIT CARD GUARANTEE	TYPE*	CC NUMBER*		EXPIRY DATE**
CARD HOLDER NAME		SIGNATURE		
CANCELLATION POLICY	<ul style="list-style-type: none"> • Reservations may be guaranteed by any major credit card or a cash deposit. • Guaranteed reservations are held until noon of the day following stated arrival date. • Guaranteed no-shows are charged one night's room rate, however if cancellation is received 2 days (48 hours) prior to the day of arrival, the penalty will be waived. • Unguaranteed reservations are released at 6.00 p.m. on the day of arrival 			

PLEASE COMPLETE ALL SECTIONS & RETURN BY E-MAIL TO sales4@jamaicapegasus.com



Kingston's Preferred Hotel

81 Knutsford Boulevard, P.O. Box 333, Kingston 5, Jamaica, West Indies
Tel: (876) 926-3690 Facsimile (876) 929-0593
Website: www.jamaicapegusus.com

TO: THE PEGASUS HOTEL

FROM: _____

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION (**St. Andrew High School**)

I, _____, am authorizing, **THE JAMAICA PEGASUS HOTEL** to charge my credit card, the amount of J\$/US\$_____ which is the cost of the first night, for a booking from _____ to _____ for guest(s)_____.

If the guests are unable to make this trip, I will cancel at least 72 hours prior to the arrival date so that I will not incur any penalties.

Penalty for cancellation less than 72 hours prior to Arrival: **One (1) Night's Room Charge**

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S TEL. CONTACT: _____

CARDHOLDER'S CITY: _____

CARDHOLDER'S E-MAIL ADDRESS: _____

Completed form and supporting documents requested must be scanned and returned via e-mail with a copy (front and back) of the card and identification. Accepted forms of ID are: Driver's License or Passport.

Faxed copies of these documents will NOT be processed.

Signature