

IRISH 2000
Hotel Package Registration Form
September 15, 2018

Names & Contact Information

Please give us the names of each person staying in your room. Please provide the ages of any children.

First Person _____
Second person _____
Third person or child _____ Age if a child _____
Fourth person or child _____ Age if a child _____
of Beds requesting (this is a request only) _____

Address _____
City _____ State _____ Zip _____
Cell Phone _____ Business Phone _____
Home Phone _____
Email Address _____

We will stay: One night on Saturday, 9/15/18 _____
Two nights Friday 9/14 and Saturday 9/15/18 _____

Number of adults: _____ x package rate \$ _____ = \$ _____
Number of children: _____ x package rate \$ _____ = \$ _____

Total \$ _____

_____ We have festival tickets already and reduced the package rate.

_____ Our check payable to Plaza Travel Center is enclosed.

_____ Please charge my credit card:

Number _____ Exp Date _____

Signature _____ Security Code _____

Fax form to: 518-785-3391. Mail form to: Plaza Travel, 623 New Loudon Rd., Latham NY 12110.
Phone: 518-785-3338 or 800-666-3404 Email: lisa@plazatravel.net