

**IRISH 2000**  
**Hotel Package Registration Form**  
**September 16, 2017**

**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:** 1 night on Saturday, 9/16/17 \_\_\_\_\_  
2 nights Friday(HOTEL ONLY) 9/15 and Saturday 9/16/17 \_\_\_\_\_

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](mailto:lisa@plazatravel.net)