



Juniors
Code: HJUN
Card #: _____

Park Avenue at Grand Central

2009 US OPEN JUNIOR TENNIS CHAMPIONSHIPS HOTEL RESERVATION REQUEST FORM

Please read the following information carefully, complete the entire form below, and email, fax or mail it to the US Open Junior Tennis Championships by **Monday, August 3, 2009**

- Request forms must be received no later than **Monday, August 3, 2009**.
- Use this request form to make your reservation. Do **NOT** call hotel directly or 800 # to make reservations. **No phone reservations accepted.**
- Only one room may be reserved per registration form. Additional reservation forms are available.
- All reservations require a one-night deposit or major credit card guarantee with this form. You **MUST** submit your request with a credit card guarantee to ensure availability.
- **Rooms will only be reserved for Main Draw, Qualifying players and officially nominated Federation Coaches.**
- **Reservations for player guests or family members will NOT be guaranteed, but will be considered subject to room availability.**
- If you are sharing a room with another person, only one form that includes all the guests' names should be submitted. **Do not send two separate forms.**
- The maximum allowed per room is four persons and two beds. Bed type is upon request only, and cannot be guaranteed.

Please complete the following and email, fax or mail to:
US Open Junior Tennis Championships (Attn: Herlinda Lombardi)
10399 Flores Dr,
Boca Raton, FL 33428

E-mail: Herlinda@usta.com

Fax #: (561) 962-6401 or (561) 962-6485 by Monday, August 3, 2009

Changes, Confirmations and Cancellations only:
Phone: (561) 962-6428

LAST NAME

FIRST NAME

FEDERATION

Names of additional people sharing room:

STREET ADDRESS OR PO BOX NUMBER

CITY

STATE

ZIP CODE

COUNTRY

PHONE # (AREA CODE/NUMBER)

FAX # (AREA CODE/NUMBER)

E-MAIL ADDRESS

NOTE: All reservation requests must have complete address and phone number.

RATE INFORMATION: Rates available from **8/31/09 to 9/14/09**

Single (1 Person)	\$189	
Double (2 People)	\$189	
Triple (3 People)	\$189	
Quad (4 People)	\$189	
Business Plan (Availability is limited. Includes continental breakfast, in-room fax & free local phone calls)	\$45 Additional	
Regency Club Level & Suites	Not available	

ROOM TYPE REQUEST (Subject to availability)

King Bed	
Two Double Beds (Availability is limited)	
Smoking Room	
Non-Smoking Room	

ARRIVAL: _____ TIME: _____

DEPARTURE: _____ TIME: _____

Above rate does not include applicable taxes: 14.25% NY State Tax and \$3.50 Occupancy Tax.

METHOD OF DEPOSIT: (NOTE: All reservations require a one night deposit or major credit card guarantee at the time of booking)

Guaranteed by first night's deposit (enclosed)
GUEST SIGNATURE: _____

Guaranteed by major credit card
(American Express, Diners Club, Visa or MasterCard)
Credit Card #: _____
Expiration Date: _____