



**The International Tennis Club of The Bahamas Group**

January 13-19, 2013

**APPLICATION FOR HOTEL RESERVATIONS**

***Reservation:*** A payment of 1 night per room required to confirm the reservation. Full payment is required 30 days prior to arrival or the reservation **WILL** be cancelled and the deposit will be forfeited.

***Attention:*** Please note that the deposit can be paid by credit card – see attached authorization form. Kindly complete and send back along with a copy of the back & front of the credit card. **Please note that rooms are not confirmed until deposit is received. There is a \$500.00 NO-Show penalty.**

Fax or Email To: **Indera Adderley**  
SuperClubs Breezes Bahamas,  
Fax: (242) 327 – 3650  
Email: [Indera.Adderley@superclubs.com](mailto:Indera.Adderley@superclubs.com)

- \_\_\_\_\_ Deluxe Gardenview \$125.00USD per person per night double occupancy
- \_\_\_\_\_ Deluxe Gardenview \$173.00USD per night single occupancy
- \_\_\_\_\_ Deluxe Gardenview \$105.00USD per person per night triple occupancy

Name: \_\_\_\_\_

Share With: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Airline & Flight : \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_



Please note:

- **A \$300.00 penalty will be assessed for any cancellation received within 2 weeks prior to arrival date.**
- **All persons checking into Breezes Bahamas must leave a \$100.00 deposit for incidentals (spa visit, telephone calls etc...) upon check in. This will be refunded if there are no incidentals upon checkout.**

In lieu of my credit card imprint, \_\_\_\_\_  
(PRINT name of credit card holder as shown on credit card) hereby authorize BREEZES BAHAMAS to charge my:

**\*VISA\* \*MASTERCARD\* \*AMERICAN EXPRESS \*DISCOVER \***  
(Circle One)

CC# \_\_\_\_\_ EXP. \_\_\_\_\_

In the amount of US \$ \_\_\_\_\_ for the following reservation:

Passenger's Name (s) \_\_\_\_\_

Group's Name (s) \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

# of Nights \_\_\_\_\_

My billing address is: \_\_\_\_\_  
(Street Address / Apt. #)

\_\_\_\_\_  
(City / State / Country / Zip Code)

\_\_\_\_\_  
(Telephone Number)

**NOTE: A VISIBLE COPY OF YOUR CREDIT CARD (FRONT AND BACK) AND VALID IDENTIFICATION MUST ACCOMPANY THIS FORM.**

\_\_\_\_\_  
(Cardholder's Signature)

**PLEASE NOTE THAT ALL TRANSACTIONS EXCEEDING \$3,000.00 WILL BE CHARGED 4% SERVICE FEE.**