

Cooperstown All Star Village Hotel

Weekly Room Agreement

Date: _____ Confirmation number _____

Room Type _____

Date of Arrival: _____

Date of Departure: _____

Number of Rooms: _____

Room Rate: _\$ _____ X _____ nights = _____ x _____ = _____

Tax (12%): _\$ _____

Total Amount: _\$ _____

Deposit: _\$ _____ (50% required)

Balance Due: _\$ _____

(We accept Visa, MasterCard & American Express)

Please charge my card 50% deposit after taxes: _\$ _____

Credit Card Number: _____

Expiration Date: _____ / _____

Signature: _____ Date: _____

(I agree to pay the above charge on my credit card based on this agreement.)

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone#: _____

Email: _____

Please Note: This room agreement alone does not guarantee you a room. Once your 50% deposit has been received you will receive a confirmation number which will guarantee your room. Please fax this completed room agreement to: (607)432-1076

If you have any questions please call: (800)327-6790 ext#341.

CHECK IN TIME: After 3 PM – CHECK OUT TIME: By 11 AM

Our cancellation policy requires 90 days advance notice from date booked. The room deposit will be forfeited if the cancellation policy is not followed. A NO SHOW penalty will be applied for a one night stay if you fail to follow our cancellation policy. We DO NOT accept PETS of any kind in our Hotel. All Star Tavern is open daily.

