



WYNDHAM NASSAU RESORTSM
& CRYSTAL PALACE CASINO

ROOM RESERVATION FORM
Tour of the Bahamas Cycling Group
January 31 – February 04, 2008

ARRIVAL DATE: _____ DEPARTURE DATE: _____

CHECK-IN TIME 4:00 P.M. / CHECK-OUT TIME 11:00 A.M. EST. TIME OF ARRIVAL: _____

ROOM TYPE REQUESTED (Check One)

SINGLE	DOUBLE	TRIPLE	CORNER SUITE
\$ 110.00	\$ 110.00	\$ 159.00	N/A

The above rates are per room per night and does not include **12% room tax** (*children 17 yrs. & under are free when staying with an adult*), **Resort Fees, Maid/Pool/Beach gratuities & Utility Surcharge**, per person, daily, **\$16.55**. Children 12-17 pay gratuities. **Bellman Gratuity, \$5.70 per person, (one time charge)**

NAME: _____

ADDRESS: _____

PHONE: _____

SHARING ROOM WITH: _____

RESERVATIONS **MUST BE RECEIVED BY** December 31, 2007. *Requests received after this date will be subject to space and rate availability.*

PLEASE SPECIFY: (2) QUEEN BEDS (1) KING BED NON-SMOKING SMOKING

ADVANCE DEPOSIT

^ ALL RESERVATIONS AT THE WYNDHAM NASSAU RESORT & CRYSTAL PALACE CASINO REQUIRE A ONE (1) NIGHT NON-REFUNDABLE DEPOSIT. (GRATUITIES, ETC. TO BE PAID ON CHECK OUT).

^ I HAVE ENCLOSED A **CHECK** OR **MONEY ORDER** (made payable to the Wyndham Nassau Resort & Crystal Palace Casino) IN THE AMOUNT OF \$ _____ which represents a non refundable deposit (gratuities, etc. to be paid on check out.)

^ BELOW IS CREDIT CARD INFORMATION TO GUARANTEE ROOM RESERVATION
 (Credit card must belong to person traveling and will be charged upon receipt.)

TYPE OF CARD: AMEX VISA MC DINERS OTHER _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

PRINT NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____

Room Reservation Form can be faxed to the Wyndham Nassau Resort Reservations Department at (242) 327-6818 or call (800) 453-5301 or (954) 915-2900 ext 4019, or (242) 327-6200 ext. 4019 and identify yourself as a member of the Tour of the Bahamas Cycling Group. Group Code: "GWTOURB".
(Form Date: December 03, 2007)