



**Crowne Plaza Baton Rouge
4728 Constitution Ave., Baton Rouge, LA 70808**

Reservation Office (225) 925-2244 or 1-800-678-4065 - Hours: 8:00AM to 5:00PM, Monday through Friday.

Louisiana Association of Fairs and Festivals
February 06, 2019 through February 09, 2020

WE CANNOT BEGIN TAKING RESERVATIONS UNTIL JUNE 3, 2019.

Reservations will be made on a first come first serve basis. If you send your information in prior to the start date, your paperwork will be thrown out. Reservations will not be taken prior to the start date.

Queen reservations are done separately. Please do not make an additional reservation for your Queen.

To make your reservations, you can either:

1. Complete this form with reservation and credit card information and fax to 225-930-0136.
2. For multiple reservations, please complete the rooming list form.

Your reservation is not confirmed until you have received a confirmation number.

Please check room type and occupancy:

Standard Rooms Rates are **\$95.00 plus tax per room night.**

- One King Bed # of people in room
- Two Double Beds
- Multiple Reservations – *Please complete Hotel Rooming List*
- Junior Suite **\$175.00**
- Junior Suite with one adjoining bedroom. **\$230.00**

Cancellation notification must be given by 4:00PM, 48 hours prior to the day of arrival.

Festival Name _____

Name (print) _____

Address _____

City _____ State _____ Zip _____

Arrival Date _____ Departure Date _____

Phone Number _____ Email address _____

Method to guarantee:

American Express Discover Carte Blanche Diners Club Visa MasterCard

Credit Card Number _____ Expiration Date: _____

I authorize the Crowne Plaza Baton Rouge to charge my account for one night's deposit and all applicable taxes.

Signature: _____



Louisiana Association of Fairs and Festivals Hotel Rooming List

INSTRUCTIONS:

Send this list with the Room Reservation Request Form.

NAME OF FESTIVAL _____

Please circle for each name F – Festival Guest Room, Q- Queen Room

If you do not have a Queen name, please note this and we will leave the reservation in the Festival name.

ROOM 1

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 2

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 3

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 4

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 5

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 6

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 7

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 8

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 9

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 10

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 11

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

ROOM 12

____ Arrive ____ Depart
____ One King ____ 2 Doubles

F Q _____

F Q _____

F Q _____

METHOD OF PAYMENT (Circle One)

1. Master bill room and tax only to credit card listed on my room reservation request form.
2. Master bill all charges (including incidentals) to credit card listed on my room reservation request form.
3. Guarantee reservations to the credit card listed on my room reservation request form, individuals will pay their own charges upon arrival



**Louisiana Association of Fairs and Festivals
LAFF RESERVATION GUARANTEE FORM**

**Crowne Plaza
4728 Constitution Ave., Baton Rouge, LA 70808**

The reservations are listed under the appropriate festival name.
A rooming list for the individual names for reservations should be attached.

Fair/Festival Name: _____

Credit Card Number: _____ Exp: _____

The above credit card will be used to guarantee the reservation.
If you wish to use the credit card to pay for the room, please complete the bottom portion of this form.
If the form is not completed your attendees **will** be asked for a form of payment at check-in.

CREDIT CARD AUTHORIZATION FORM

I GUARANTEE CHARGES FOR: _____
Name on Reservation

Room & Tax Only Room, Tax & Incidentals (ie. Phones, Room Service, etc.)

Miscellaneous, Explanation _____

BY THE FOLLOWING CREDIT CARD: _____
Type of Credit Card

Card Number

Expiration Date

Cardholder's Name (Print)

Cardholder's Signature

By signing this form, I am giving the hotel the authorization to charge my credit card.