

Fort Hays State University

(Name of Hotel/Motel) _____ Room Reservation Form

(Completed Credit Card Agreement Must Already Be on File with Hotel)

Telephone ~ _____ ... FAX ~ _____

Use the TAB key to complete the form below ...

Check In Date: **Check Cancellation Deadline
Check Out Date:

Guest Name:
Bed Type:
Smoking Preference:
Confirmation #:

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Bed Type:
Smoking Preference:
Confirmation #:

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Bed Type:
Smoking Preference:
Confirmation #:

FHSU Contact (Individual Making Reservation):

Name:	<input type="text"/>	FHSU FAX #:	<input type="text"/>
Department:	<input type="text"/>	FHSU Phone #:	<input type="text"/>
College:	<input type="text"/>	BPC Last 5 Digits:	<input type="text"/>
		Will Pay Personally:	<input type="text"/>

Please Print and FAX The Form To ~ _____ Hotel/Motel FAX Number

Hotel/Motel: Please FAX Confirmation of Reservation to FAX# _____ ATTN: _____

Limited To Bed Rate And Lodging Taxes Only
No Additional Charges Allowed
FHSU is Exempt from Sales Tax ~ KS86N4UGGX

[Print Form](#)