



**JULY**

Wed	Thur	Fri	Sat	Sun	Mon
15	16	17	18	19	20

Fax your completed form to  
**580-436-0139**



Incomplete forms cannot be processed. Deposits on standard rooms will be charged upon receipt. Balances will be charged on Thursday, May 14. A \$20 resort fee and 12% tax will be added for each night of your reservation. Maximum of 4 guests per room. Each guest after 2 in a room will be an additional \$35 per night.

Associate Number \_\_\_\_\_  
 Associate Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**Room Rates:  
(1 King Bed or 2 Double Beds)**

Tues. 7/14—Thurs. 7/16	\$109	w/tax & Resort Fee \$144.48
Fri. 7/17—Sat. 7/18	\$169	w/tax & Resort Fee \$209.28
Sun. 7/19—	\$109	w/tax & Resort Fee \$144.48

**(Signature Deluxe Suite)**

Tues. 7/14—Thurs. 7/16	\$124	w/tax & Resort Fee \$161.28
Fri. 7/17—Sat. 7/18	\$179	w/tax & Resort Fee \$222.88
Sun. 7/19	\$124	w/tax & Resort Fee \$161.28

*All bed types/room types and Room Rates are subject to availability.*

**1st Room:**

Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_  
 King Bed \_\_\_\_\_ Double Beds \_\_\_\_\_ Suite \_\_\_\_\_  
 Number of Guests in Room \_\_\_\_\_ (Maximum of 4)

Guest Names:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 (Additional \$35 per night)

4. \_\_\_\_\_  
 (Additional \$35 per night)

**2nd Room**

Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_  
 King Bed \_\_\_\_\_ Double Beds \_\_\_\_\_ Suite \_\_\_\_\_  
 Number of Guests in Room \_\_\_\_\_ (Maximum of 4)

Guest Names:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 (Additional \$35 per night)  
 4. \_\_\_\_\_  
 (Additional \$35 per night)

**Special Requests:**

PLEASE SELECT ROOM PREFERENCE:  
 Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_

To hold my reservation for a standard room at the MGM Grand, I authorize you (LegalShield) to charge my credit card in the amount of \$\_\_\_\_\_ which is the 1st night's room rate and resort fee plus tax for each room I have requested. I understand that the balance(s) for my room reservation(s) will be charged on May 14, 2015.

Signature: \_\_\_\_\_

Please keep a copy of this form for your records and make note of the charge dates. This is the only notice you will have of the charge amount and date. Remember, room types are subject to availability.

**NOTE:** No changes will be made after May 10, 2015.

**Please fax completed forms to  
Ada Travel at 580-436-0139**