



3490 E Sam Houston Pkwy S

TX. 77505

Lq0825gm@laquinta.com

phone:281-991-7771

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**GROUP INFORMATION Rooms Agreement**

Group Block Name		Group Code: PFT
Company Name		
Contact Name		
Contact Phone		
Contact Email		
Group Mailing Address		

**DATES**

Agreement Date	
Block Start Date	3/24/2022
Block End Date	3/27/2022
Group Release Date	3/17/2022

**RESERVATION INFORMATION**

Rooming List	Due Date	3/20/2022
Cancellation		72 hours prior to arrival

**ROOM INFORMATION**

Double Queen Rooms with a NET rate of \$89

King Rooms with a NET rate of \$ 89

**METHOD OF PAYMENT**

Agency Name	CC #	EXP#
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**ACKNOWLEDGEMENTS**

Rooming list must be submitted by March,20,2022. After this date, any rooms not confirmed will be released and the group rate may not be available. Room block will be guaranteed with a Credit/Debit card on file

Group is tax exempt and will supply the correct paperwork.

This agreement is based, in part, on your group's use of the number of total room nights listed above. Both parties acknowledge and agree that a loss would be incurred by the Hotel should a major reduction or cancellation in the group should occur. Therefore, Hotel must receive cancellation for individual 72 hours prior to the arrival date.

**HOTEL FEATURES & AMENITIES**

- Complimentary Breakfast
- 24 hour Fitness Center
- Wyndham Rewards
- Bright Side Market

## GROUP ROOMS PROPOSAL continued

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>◦ Free hi-speed fiber optics WiFi</li> <li>◦ Comfy pillow-top mattresses with 5-Star linens</li> <li>◦ Microwave and Mini-fridge</li> <li>◦ Coffee Maker</li> <li>◦ Iron &amp; Board</li> <li>◦ Alarm Clock</li> </ul> | <ul style="list-style-type: none"> <li>◦ 42' LCD HD TVs<br/>extended &amp; premium cable channels</li> <li>◦ Dedicated workspace</li> <li>◦ Hair Dryer</li> <li>◦ Voice Mail</li> </ul> |
|---|---|

Name	Michelle
Phone	281-991-7771
Email	LQ53239tx@gmail.com

### GROUP ACCEPTANCE

The undersigned acknowledges that he/she has read, understands and acknowledges all terms and conditions of this agreement.

Authorized Signatures	School Representative Name: _____ Representative Signature : _____
Date	

Room rates, availability of guestrooms and all terms of this agreement are subject to the agreement being accepted and signed by the responsible individual for the organization/group within Five (5) business days of the date of the Agreement.

