

Dear Group Leader,

At the Wingate Inn we are delighted to work with groups. That being said, our property is specifically built for the businessperson, and as such, we are committed to insuring that all of our guest's stays are enjoyable ones.

Below you will find a list of rules that help us make this commitment, we want you to know that by choosing our Hotel to bring your group to, you must agree to each of the rules listed below and they will be strongly enforced.

We understand that some groups can not make abide by these rules therefore making it impossible to stay at our property. While we hate to turn away business, our goal is to provide the best guest experience possible for each all every one of our customers.

Special Group Requirements

- Minors in guest rooms must be accompanied by an adult at all times.
- Children under 16 are to be accompanied by an adult when using guest facilities.
- There will be no loitering inside the hotel i.e. running, playing, and/or loud noises.
- The group leader will be responsible for any damage done to the hotel i.e. damage to the guest rooms, items missing, any refund to other guest due to inappropriate behavior by members of the group.
- The group leader must provide a cell phone number that we can contact them on at all times
- Group Leader Cell Number _____

Before signing the contract, please make sure you go over these rules with everyone in your group. It is very important that all members of the group understands that these rules will be strictly enforced. Anyone not following the rules will be putting the entire group in jeopardy of being asked to leave the hotel with or without warning. We ask your group to follow these rules so you, as well as our other guest have a pleasant stay.

Thank you,

General Manager

Group Leader

Wingate Inn- Tupelo Mississippi

186 Stone Creek Blvd

Tupelo, Mississippi 38804

Phone: 662-680-8887

FAX: 662-680-1087

ROOMS CONTRACT

GROUP INFORMATION

Group Name: _____	Group Code/Confirmation #: _____
Group Leader: _____	Phone: _____
Address: _____	FAX #: _____
_____	_____
City: _____	State: _____ Zip: _____

Room Requirements

Arrival Date: _____	Arrival Time: _____
Departure Date: _____	Departure Time: _____

Room Types	DAY	MON	TUES	WED.	THUR	FRI	SAT	SUN
	DATE							
KING NSMK								
KING SMKG								
DOUBLE NSMK								
DOUBLE SMKG								
JR SUITE NSMKG								
OTHER ()								

RATES	1 Person	2 Persons	3 Person	4 Persons
	KING NSMK			
KING SMKG				
DOUBLE NSMK				
DOUBLE SMKG				
JR SUITE NSMKG				
OTHER ()				

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Rate Includes:	Complimentary Continental Breakfast; and Free Cable TV.
Rate Does Not Include:	Applicable taxes; any incidentals such as long distance phone calls.

Additional comments:

CHECK BELOW WHICH WILL APPLY:

INDIVIDUALS PAY FOR EACH ROOM	WILL USE GROUP MASTER
INDIVIDUALS PAY FOR ALL INCIDENTALS	All Incidentals to be charged to Group Master

FOR GRP MASTERS ONLY IF CC IS USED: CC#	EXP DATE:
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CARDHOLDER NAME:	PHN # (for verification):
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ADDRESS:

To guarantee the rates quoted, the availability of sleeping rooms, and other terms of the contract, the following deadlines must be met or the rooms and contract will be cancelled.

FOR ROOM BLOCKS ONLY: Reservation cut-off date is:	Rooming List Due:
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FOR GROUP MASTERS AND GTD RESERVATIONS: Deadline for return of signed Contract is:

Deposit Amount: \$ _____	Due by: _____	Final Payment of: _____	Due by: _____
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Forfeiture of any deposits, or applicable charges for rooms reserved, will occur if written cancellation is not made by: _____

Group Confirmation Number: _____

BY HOTEL CONTACT:	DATE:
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BY AUTHORIZED GROUP CONTACT:	DATE:
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