



Ponce De Leon
Boutique Hotel

SALES AUTHORIZATION FORM **GROUP BOOKINGS**

Group Name:

Contact Name:

Address:

Phone:

E-mail:

Rate Details:

Reservation Dates:

Cut Off Date:

**Approximate #:
Rooms**

I understand that I, the contact for this group, will become financially responsible for all rooms that are not reserved by the cut-off date listed above. At that time, those rooms may either be removed from the group, or the contact must provide credit card information and will be charged for any un-reserved rooms on the night of the reservation date listed above.

X _____

Approved by: AUDREY LOVE (Group Reservations Manager)
95 CENTRAL AVE, ST.PETERSBURG, FL 33701
TEL: 727 550 9300
FAX: 727 895 2287