



QUEENSTOWN  
RESORT

E – MAIL / FAX RESERVATION FORM  
**PlaceMakers Southern Scooter Challenge**  
**Saturday 3<sup>rd</sup> September 2011**

**E-MAIL : [reservations@mercureqtn.co.nz](mailto:reservations@mercureqtn.co.nz) or FAX: 0064 03 442 7354**

*We look forward to assisting you with your event accommodation at  
Mercure Queenstown Resort*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

*\*\*Please advise either fax number or E-mail address to ensure you receive a hotel confirmation number \*\**

Number of Adults \_\_\_\_\_ Children \_\_\_\_\_

Room Type \_\_\_\_\_ Lakeview \_\_\_\_\_ Non smoking \_\_\_\_\_

Arrival Date **3 / 9 / 2011** Departure Date **4 / 9 / 2011**

*\*\*Please note our check in time is 2pm and check out is 11am, if you require an earlier check in please advise in special requests\*\**

Credit Card Details (Required to secure reservation)

Type of Card \_\_\_\_\_ Number \_\_\_\_\_

Exp / \_\_\_\_\_

**Room Rate - \$150.00 inc gst per room, per night – Lakeview Room - Room Only**

**Additional option**

**Special \$18.50 inc gst Full Breakfast in Rises Restaurant - How many persons:**

Hotel Use

**Confirmation Number:**

**Date Received:**

**Kind regards:**