



Towing & Recovery Association of Ohio

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ROOM RESERVATIONS @ Great Wolf Lodge beginning March 19, 2018

Reservations are a minimum of 3 nights: 9/27, 9/28 & 9/29/18

Credit Card Authorization Form/Great Wolf Lodge Room Request

CARDHOLDER- Please complete the following information, sign & date below.

Available Suites: Family, Wolf Den, Kid Camp, Kid Cabin or **ANY**

Check In: 9/27/18 (Thursday) Check Out: 9/30/18 (Sunday)

Name of Person This Room will be Reserved for: _____

Cardholder's Name (as it appears on the card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax: _____

Email Address: _____

Type of card: Visa Master Card American Express Discover

Credit Card Number: _____

Exp Date: _____ Security Code: _____

Type of Room: _____ # of Adults: _____ #of Children: _____

REQUESTS for any type room, other than those listed above will result in delaying your room confirmation and possibly a reservation at Great Wolf Lodge.

Payment for the 3 night stay is due when the request is made. All corrections/changes after the reservation is made will result in a \$15.00 fee (per correction). There will be no refunds after September 1, 2018. By signing below you authorize the Midwest Tow Show/TRAO to charge your credit card a \$474.00 deposit (\$158.00 per night) to be applied to your stay during the Midwest Regional Tow Show @ Great Wolf Lodge. Taxes and resort fees in the amount of \$29.81 per night for this deposit will be charged to your account by the hotel upon check-in.

Each room must have a **separate name** for registration purposes. The office will attempt to place your room requests as close as possible; however this is not always possible. You must be 21 years of age to book a reservation.

TRAO reserves the right to enforce a zero tolerance policy. Only **faxed** room reservations will be accepted

I hereby authorize the Midwest Regional Tow Show to charge my credit card a deposit in the amount of **\$474.00** per room.

Card Holder's Signature/Terms Acceptance: _____ Date: _____

Room confirmation and payment receipt will be mailed to the address listed above.
1- **PARKING PASS** per room will be issued.