

www.cbayresort.com
PO Box 246 ~ Vieux Fort, St. Lucia ~ 758-459-6000

ROOM REQUEST FORM

(Please print or type clearly)

	Date (mm/dd/yyyy):
Company Name:	
IATA/CLIA/OSSN # (where applicable):
Guest Name:	
Guest Address: Street address	
City, State, Zip/Postal Cod	de
Guest E-mail:	
Guest Phone & Fax:	
Requested Date(s) of Travel: Option	n 1:Option 2:
Number of Adults:	Number of Children/Ages:
Group Master Category (to be comple	ted by hotel):
Confirmation # (to be completed by ho	otel):
Confirmed rate (to be completed by ho	otel):
Confirmation supplied via e-mail on (d	ate):
Rate Quote (to be completed by hotel)):
COMP/DISCOUNT Request Approved	d by:
LIK Office Miami Office or GM (circle o	one) (to be completed by hotel) Date

Travel Arrangements should be requested no more than 60 days prior to your dates of travel. You & your guest must be at least 21 years of age. Rates are applicable for 30 days from date of quote. Confirmation is based on space availability and **blackout dates including all US, UK, Canada and St. Lucia may apply.** Complimentary travel will not be approved over Easter, Thanksgiving, Christmas or New Year's Holidays (from one week before to one week after each holiday). All incidental charges are not included and are the sole responsibility of the guest.

Please complete form and return to industryservices@cbayresort.com or via fax at 305-234-3343, availability will not be confirmed via telephone.