

Camp Perry Lodging and Conference Center
1000 Lawrence Road, Building 600
Port Clinton, Ohio 43452-9578
614-336-6218

SPECIAL NEEDS RESERVATION REQUEST

Those competitors requiring specific accommodations due to medical conditions will be given 5th priority. A limited number of lodging rooms will be held for these customers. **(Single Bed units available only, will not accommodate a roommate.)**

Competitors can obtain the Special Needs Reservation Request on our web site www.cplcc.com. Reservations will be processed on a first received, first serve basis. Reservation requests must be submitted and post marked between **March 15, 2018 and March 31, 2018**. **Walk-ins will not be accepted.** *Please apply only once! Duplicate request forms will cause elimination of all reservation requests submitted.*

A current statement from the *competitor's* physician must be *attached* to the reservation request form. This doctor's statement *must* be on the physician's letterhead or prescription pad paper, be dated within the last 12 months, and describe the housing requirements needed. The exact medical condition is **not** required due to patient confidentiality.

After receiving confirmation on reservations, the POC will be required to make a deposit payment on all reservations equal to the first night's rental on each property reserved. *This deposit is not refundable for any reason.*

The deposit payment should not be submitted with the reservation request; payment will be requested after reservations have been confirmed by the Camp Perry Lodging Office. Deposits must be received within 14 days after the confirmation notification has been received to guarantee reservations.

Deposit payments may not be moved to cover the cost of another bed, but are transferable when upgrading types of accommodations only.

Cancellations should be accomplished 24 hours prior to confirmed arrival date. **Changes** to reservations must be made prior to check-in. *Once the reservation has been checked-in, the renter is obligated to pay the full rental amount. No refunds will be given for early departure.*

Check in time for all reservations is 2:00 PM until 10:00 PM EST. Reservations that are not picked up by 10:00 PM EST on the arrival date will be considered cancelled unless arrangements have been made with the Lodging Office prior to the 10:00 PM EST cut off. **Check out** must be accomplished no later than 10:00 AM EST. Ensure the rental unit is cleared and all keys returned on the morning of departure. *Additional charges will be incurred for late checkouts, no shows/failure to cancel, and lost keys.*

Please provide all information, so that we can process your form accurately.

Arrival Date: _____ Departure Date: _____

Requestor: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Do you require a room entrance accessibility ramp? YES / NO (circle one)