

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

**WOUNDED WARRIORS TEAM RESERVATION REQUEST**

Those competitors requiring specific accommodations as Wounded Warriors due to a physical or mental injury, illness, or wound, coincident to their military service on or after September 11, 2001 will be given 2<sup>ND</sup> priority. A limited number of lodging rooms will be held for these customers.

Competitors must obtain the Wounded Warrior Team Reservation Request form on our web site [www.cplcc.com](http://www.cplcc.com). Reservations will be processed on a first received, first serve basis. Reservation requests must be submitted between **8am March 8, 2018 and 4 pm March 14, 2018**. Walk-ins will not be accepted. ***Please apply only once! Duplicate request forms will cause elimination of all reservation requests submitted.***

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.

**Changes/Cancellations** 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 for any reason.***

**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: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team POC: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of team members: \_\_\_\_\_

Number of team members that require an entrance accessibility ramp for wheelchair access: \_\_\_\_\_

Type/Number of housing requested: Motel \_\_\_\_\_ Cottage \_\_\_\_\_

Transient Room \_\_\_\_\_ Hut \_\_\_\_\_ RV \_\_\_\_\_