

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 2ND priority. A limited number of lodging rooms will be held for these competitors.

Competitors must obtain the Wounded Warrior Team Reservation Request form on our web site www.cplcc.com. Reservations will be processed on a first received, first served basis. Reservation requests must be submitted by **March 21, 2019**. 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 (point of contact) 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 nonrefundable 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 sent 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 p.m. EST until 10:00 p.m. EST. Reservations that are not picked up by 10:00 p.m. EST on the arrival date will be considered cancelled unless arrangements have been made with the Lodging Office prior to the 10:00 p.m. EST cut off. Check out must be accomplished no later than 10:00 a.m. 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: _____

Email: _____ 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 _____