



Reservation Request Information

GROUP NAME: Farr International, Inc. **EVENT NAME:** Farr 40 Caribbean & World Championships
PROGRAM DATE: November 6, 2002 to November 17, 2002

GROUP RATES

The Group Rate set out below is quoted per room /per night for single or double occupancy. A maximum of three (3) adult occupants may be accommodated in one room.

Rates up until January 31, 2002			Rates on or after February 1, 2002		
Tower	Room	Rate	Tower	Room	Rate
Beach	Run of House	\$ 140.00	Beach	Run of House	\$ 165.00
Coral	Run of House	\$ 175.00	Coral	Run of House	\$ 205.00
Royal	Run of House	\$ 210.00	Royal	Run of House	\$ 240.00
Royal	Executive Suite	\$ 350.00	Royal	Executive Suite	\$ 575.00
Ocean Club	Beachfront	\$ 556.00	Ocean Club	Beachfront	\$ 675.00

All rates are at Single/Double Occupancy.

	ATLANTIS	OCEAN CLUB
Additional per Adult* Rate (max 2):	\$45 per adult, per night	\$85 per adult, per night
Child Rate (sharing with one or more adults):	No charge	No charge
(*Adult = person 12 years or older)		

Group rooms are being held at the listed group rates for the specified program dates. All requests outside of the program dates will be reviewed based upon availability at prevailing (rack) rates.

TAXES, GRATUITIES AND SURCHARGES

The following taxes, gratuities and surcharges apply, and are subject to change without notice:

Resort Levy:	12% of room rate, per night
Maid, Pool, and Beach Gratuity, and Utility Surcharge:	\$8.50 per person, per night
Bellman Gratuity:	\$5.20 per person, per stay

DEPOSIT REQUIREMENT

A deposit equal to four (4) nights' accommodation (excluding tax and gratuities) at the Group Rate, is payable to secure your reservation should we confirm your accommodation request. The balance for accommodations (including all applicable taxes and gratuities) will be charged on or after August 1, 2002. Please provide details of the credit card to which you authorize Atlantis to charge the deposit for any accommodation reserved at Atlantis or the Ocean Club, for you (or your team) in terms of this Reservation Request Form. **All deposits are non-refundable.**

SUBMITTING YOUR RESERVATION REQUEST

Please fax this Reservation Request Form to Farr International at **(410) 268-1137** by 5.00pm EST, January 31, 2002. Requests will be processed on a group space-available basis only and if your request cannot be accommodated, we will notify you by fax. **No telephone requests will be honored.**

RESERVATION CONFIRMATION

Should the accommodations requested be available, your reservation will be made, the deposit charged to your credit card, and a confirmation advice mailed to you.



Reservation Request Form

GROUP NAME: Farr International, Inc. **EVENT NAME:** Farr 40 Caribbean & World Championships

PROGRAM DATES: November 6, 2002 to November 17, 2002

Please provide the following information, **printing** clearly in the spaces indicated.

Please complete one Reservation Request Form *for each room* you wish to request.

Arrival Date _____ Departure Date _____ Requested Tower/Category _____

Special Requests _____

Guest 1: Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax Number () _____

Email: _____

Select: Adult or Child Specify Child's Age __

Guest 2: Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax Number () _____

Email: _____

Select: Adult or Child Specify Child's Age __

Guest 3: Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax Number () _____

Email: _____

Select: Adult or Child Specify Child's Age __

Guest 4: Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax Number () _____

Email: _____

Select: Adult or Child Specify Child's Age __

CREDIT CARD DETAIL

Authorizing Owner _____ Boat Name _____

Select Card Type: American Express Visa Mastercard Discover Diners Club

Card Number: _____ Expiration Date: _____

Name (as it appears on card): _____ Authorized Signature: _____

Note: Check-in time begins at 3.00pm and Check-out time is 11.00 am.

FAX THIS SIDE ONLY TO (410) 268-1137