



SPANGDAHLEM AB, GERMANY INDIVIDUAL RESERVATIONS REQUEST

Branch: Rank/Grade: Gender: Male Female

Last Name: First Name:

Gaining/Current Organization:

Base:

Mailing Address:

City, State, Zip:

Arrival Date: Total Nights:

Purpose of Visit: PCS-In PCS-Out TDY Space-A

of Adults: # of Children: Age of Children:

of Pets: (Max 2 pets permitted in TLF - only Cats/Dogs allowed) Pet Type: Select

Credit Card Nr: Exp. Date:

Card Holders Name:

Credit Card Policy: If guaranteed with a Visa, AMEX or Master Card number and expiration date, rooms will be held until midnight. Failure to show for your reservation will result in no-show fee equal to one night's room rate.

Our Reservations Office will contact you with your confirmation number (email is the preferred method of contact). 52fss.fsvllodgingreservations@us.af.mil

Contact Name: Contact Phone:

E-Mail Address:

Special Requests:

We are looking forward to having you stay with us.