

SPANGDAHLEM AFB, GERMANY INDIVIDUAL RESERVATIONS REQUEST

Branch:	Rank/Grade:	Gender: Male Female
Last Name:		First Name:
Gaining/Current O	organization:	
Base:		
Mailing Address:		
City, State, Zip:		
Arrival Date:		Total Nights:
Purpose of Visit: F # of Adults:	PCS-In PCS-Out PCS-Out PCS-In PCS-Out	TDY Space-A Age of Children:
# of Pets:	Max 2 pets permitted in TLF - or	nly Cats/Dogs allowed) Pet Type:
Credit Card Nr:		Exp. Date:
Card Holders Nam	ne:	
	intil midnight. Failure to show	MEX or Master Card number and expiration date, v for your reservation will result in no-show fee
	ffice will contact you with yo 52fss.fsvllodgingreservation	ur confirmation number (email is the preferred as@us.af.mil
Contact Name:		Contact Phone:
E-Mail Address:		
Special Requests:		