



CLIENT CONTRACT

**Hampton Inn & Suites Hartford/Farmington
301 Colt Highway
Farmington, CT 06032
860-674-8488**

Contract Date: 03/15/17

The following represents an agreement between:

Hampton Inn & Suites Hartford/Farmington and Long Island Flyrodders .This outlines specific conditions and services to be provided.

Organization: Long Island Flyrodders
Contact Name: Richard Cosgrove
Company Address: 1770 Metropolitan Ave
Company Address: Bellmore, NY 11710
Contact Phone Number: 516-369-1711
Contact Email Address: rcosgrove50@gmail.com

Guest Room Commitment:

ROOM TYPE	RATE	06/23/2017 Friday	06/24/2017 Saturday
King Non-Smoking	\$118.00	10	10
Total		10	10

Hotel room rates are subject to applicable state and local taxes, currently 15% in effect at the time of check in.

Check-in time is **3:00pm**, check-out time is **12:00pm**.

COMMISSION:

The group room rates listed above are net non-commissionable

Method of Reservations: Guests will call the hotel direct to make reservations.

Guaranteed Reservations: Personal credit card for authorized charges

Cut Off Date:

Reservations must be received on or before **05/24/2017** by attendees. At the cut-off date, the hotel will review the reservations pick up for the group, release any unreserved rooms for general sale, and determine whether it can accept reservations based on space and rate available basis at the Long Island Flyrodders group rate after this date.

Baggage: The group will not require baggage handling.

Parking: Free Parking

Cancellation Policy:

Long Island Flyrodders acknowledges that the hotel's individual cancellation policy for this group is;
Cancellation Policy: Reservations must be cancelled 24 hours prior to guests arrival date to avoid a one
nights cancellation penalty of room and tax.

Acceptance:

Upon signature by both parties, both the **Hampton Inn & Suites Hartford/Farmington** and Long Island
Flyrodders shall have agreed to and executed this agreement by their authorized representatives as of the
dates indicated below.

Contract Due: 03/16/2017

NAME (print): Richard Cosgrove

TITLE (print): Trip Coordinator

SIGNATURE: _____

DATE: _____

Approved by the Hotel:

NAME (print): Patty Strazzulla

TITLE (print): Director of Sales

SIGNATURE: _____

DATE: _____