

MWR COMMUNITY RECREATION OFFICE UNIVERSAL STUDIOS FLORIDA VACATION REQUEST FORM



Phone: 301-342-3648 Fax: 301-757-7485 Email: paxcommunityrec@us.navy.mil

Quotes cannot be provided without complete information. Quotes can change on a daily basis according to availability.

Name:						
Address:						
Home Phone:		Work Phone	Work Phone:		Phone:	
Email Address	s:					
Date of Vacation:		Vacation Length:				
Would you like	e to stay at an on-site	Universal Hotel?	(Please check	one):		
Loews Portofino Bay		Hard Rock H	Hard Rock Hotel		loyal Pacific	Surfside
Cabana Bay		Sapphire Falls		Aventura Hotel		Dockside
Check one:	Active Duty	Retired	DOD	Contractor		
			Check o	one: List age of chi		iren only:
Name of Guest 1:			Adult	Child	Age:	
Name of Guest 2:			Adult	Child	Age:	
Name of Gue	est 3:		Adult	Child	Age:	
Name of Guest 4:			Adult	Child	Age:	
Name of Guest 5:			Adult	Child	Age:	
Name of Guest 6:			Adult	Child	Age:	
Name of Guest 7:			Adult	Child	Age:	
Name of Guest 8:			Adult	Child	Age:	

Deposits and final payment are made by charge card: Visa, AMEX, MasterCard or Discover. Room availability and rates can change day-to-day or even hour-to-hour.

