

Groups & Teams Request Form



Name

First

Last

Organization

Address

Street Address

Address Line 2

City

Province / State

Postal / Zip Code

Country

Email

Phone Number

Fax Number

Arrival Date (MM/DD/YY)

Departure Date (MM/DD/YY)

Number of Rooms Requested (Minimum of 5 to receive a reduced rate)

Do you require meeting space?

Yes

No

Additional Inquiries or Requests

After completing this form please email it as an attachment to groupsales@travelodgeregina.com or print and fax it to 1.306.586.9311. Upon receipt of your request, we will respond at our earliest opportunity.