

**FAX to Drums Inn
(570 788 3929)**

RE: Reservation Request for accommodation during Race Week.

From: _____

FAX # _____

Tel. # _____

Address _____

State _____ Zip Code _____

Dates ___/___/___, ___/___/___, ___/___/___ . ___/___/___

Number of Rooms required _____

Number of nights (**minimum 2**) _____

Number of people in party _____

Smoking Room _____

Deposit Paid \$ _____

Nightly rates:

For King size or 2 beds are \$120.00+TAX and Non-smoking Suites are \$175.00+TAX

Paid By (Please indicate) : []VISA. []MASTER CD. []OTHERS

Card in the name of: _____

Card # _____

Expiry date ___ / ___ / _____

Cardholders signature _____

NOTE: American Express and Diner Club Cards are NOT acceptable for deposits.

Thank you for your request. Drums Inn will confirm the booking and we look forward to serving you.