Date:

CLC Hotel Proposal	
Hotel Name:	Hotel Contact Person:
Address:	City:
State:	Zip Code:
Phone #:	Fax #:
Email Address:	Hotel Website:
Total Number of Rooms: Number of Non-Smoking Rooms:	
Number of Singles: Number of Doubles:	Number of Triples:
CLC Rate – Single Occupancy Rate: % Tax:	Inclusive Rate:
CLC Rate – Double Occupancy Rate: % Tax:	Inclusive Rate:
Amenity Information	
Interior Corridors: Yes No Refrigerator in Room	n: Yes No Microwave in Room: Yes No
Individually Controlled Heating & A/C Units: Yes No Black	k Out Drapes: Yes No 24-Hour Maid Service: Yes No
Fee for Use of Fax: Yes No Fax Machine Available for Guest Use: Yes No Direct Dial Phones: Yes No	
Computer Accessible Phone Line in Rooms: Yes No	
Security: Yes No 24 Hour Front Desk Staff:	Yes No Meeting Rooms: Yes No
Lounge/Bar On Site: Yes No Complimentary Newspape	ers: Yes No Laundry On Site: Yes No
Outdoor Pool: Yes No Indoor Pool: Yes No	Exercise Room: Yes No
Complimentary Breakfast: Yes No Restaurant on Premi	ises: Yes No If Yes, Is It Open 24 Hours: Yes No
Do You Provide an Airport Shuttle: Yes No Airport Shuttle Hours: to Do You Provide Transportation: Yes No	
Do you allow refrigerated trucks to park on your property? Yes No	
Do you have on premise semi-truck parking available? Yes No	

Total number of trucks able to park in your parking lot.