



RESERVATION REQUEST

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Complete this form (you can tab through to enter your information), save the form to your desktop and email to karen@winningways.net. You may also print and fax to: 1-304-258-0413. All information is required and confidential. Please allow twenty four hours for response.

Casino Hotel Request # 1 _____ # 2 _____

Last Name _____ First Name _____

Address _____ City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone _____ Work _____ Cell _____

DOB m/d/y _____ Gender _____ Rated Player/Where _____

Credit Line _____ Avg Bet _____ Player Card # _____

Arrival Date _____ Departure Date _____ # Rooms _____

Guests _____ Room Type/King _____ Double _____ Suite _____

No Smoking _____ Smoking _____

Additional Guest Info: Last Name _____ First _____

Address _____

DOB m/d/y _____ Gender _____ Rated Player/Where _____

Additional Guest Info: Last Name _____ First _____

Address _____

DOB m/d/y _____ Gender _____ Rated Player/Where _____

Special Interests _____

Comments or Requests _____

Email Address _____