

Edenwald Guest Room Reservation Form

Today's Date: _____ Resident Name: _____ Apt. _____

Requested guest room dates: _____

Circle requested room or any available: 208 210 705 any

If unavailable, would you like to be put on the waitlist? _____

Cost: \$100 per night

Payment: Resident (initial) _____ Guest _____ Days x \$100 = _____

Payment accepted: the charge can be placed on the resident's monthly account or paid by check. Credit cards/Cash are not accepted.

PLEASE RETURN THIS FORM TO ADMINISTRATION

*The Sheraton offers a small discount to friends/family of Edenwald Residents
You may contact the Sheraton at 410-321-7400 and ask for the "Dulaney Center Rate"*

Office Use Only: Date returned to resident: _____

Confirmation: Yes _____ No _____

Unavailable: please request different dates

Request processed by: _____

*Edenwald reserves the right to change the guest room that you have rented
In order to best accommodate all requests. Thank you for your understanding.*

**PLEASE NOTE: YOU MUST RECEIVE A ROOM CONFIRMATION
TO SECURE YOUR ROOM (SIMPLY SUBMITTING A REQUEST
DOES NOT GUARANTEE YOUR RESERVATION)**