



## Intercollegiate Team/Single Championships

Dates: 05/05 – 05/08, 2021

Venue: Spectrum Entertainment Complex

### Host Hotel:

The Plaza Grand Rapids Airport Hotel and Conference Center

5700 28th Street SE

Grand Rapids, Michigan 49546

616-957-1770

For additional Hotel guestroom reservations, contact Michelle Buckner directly via email with all requests. In order to process your request in a timely and efficient manner, please include the following information.

- School Name
- Contact First\Last Name
- # of Guestrooms needed
- Arrival/Departure Date
- Type of Guestroom (ex. Single or double)
- Mailing Address
- Phone number
- Completed Credit Card Authorization Form (please see form below)

### Hotel Contact Information:

The Plaza Grand Rapids Airport Hotel & Conference Center

Michelle Buckner

Director of Sales

[mbuckner@theplazahotelgrandrapids.com](mailto:mbuckner@theplazahotelgrandrapids.com)

Please note Hotel will begin accepting additional reservation requests starting @ 10:00am EST on 04/20/21. Reservation requests will be received through 04/23/21 @ 12noon EST. Additional request past the provided cut-off time will be based on availability and are not able to be guaranteed.

### For additional questions:

Michelle Buckner

[mbuckner@theplazahotelgrandrapids.com](mailto:mbuckner@theplazahotelgrandrapids.com)



**Credit Card Authorization**

I, \_\_\_\_\_, authorize The Plaza Grand Rapids to charge  
(Card Holder's Name)  
the following credit card: \_\_\_\_\_ Expiration date \_\_\_\_\_

for all that is checked below. (Please check one that applies)

\_\_\_\_\_ Room and Tax Only

\_\_\_\_\_ Room, Tax and any Incidentals

The credit card is to be used by and only by:

Guest Name _____	Arrival Date _____	Confirmation # _____
Guest Name _____	Arrival Date _____	Confirmation # _____
Guest Name _____	Arrival Date _____	Confirmation # _____
Guest Name _____	Arrival Date _____	Confirmation # _____
Guest Name _____	Arrival Date _____	Confirmation # _____
Guest Name _____	Arrival Date _____	Confirmation # _____

\_\_\_\_\_ Signature

Print Name

\_\_\_\_\_ Date

Day Time Phone #

\*\*If tax exempt, please send a copy of the front of the credit card showing it belongs to the exempt organization along with a tax exempt form\*\*

The Plaza Grand Rapids  
5700 – 28<sup>th</sup> Street SE  
Grand Rapids, Michigan 49546  
Tel. 616.957.1770  
Fax 616.957.0629