ROOMING LIST REQUIRED: _____

DESCRIBE ANY EXTRAS, i.e. WELCOME RECEPTION, MANAGER'S RECEPTION, COMP LOCAL SHUTTLE, etc.

_____

_____

_____

_____

(If additional space required, add at the bottom of RFP Quick Quote)

MOTORCOACH PARKING:
Location and if there is a charge, how much? _____

_____

HOTEL NAME AND ADDRESS:

_____
Name

_____
Address

_____
City / State / Zip

HOTEL GROUP TOUR CONTACT: _____
Name

PHONE: _____

EMAIL ADDRESS: _____

REQUESTED TO RECEIVE BIDS BY: _____

DECISION DATE: _____

ADDITIONAL NOTES: _____

_____

_____

_____

_____

RFP QUICK QUOTE

KCGTA received the following request. Please complete below information and return to Kelli Freeman: kfreeman@KCGTA.com.

If tour operator requests to receive bid by email, that information will be at the bottom. Be sure to cc Kelli on any bids that are submitted direct to a tour operator.

DATE(S): _____

_____

TOTAL NUMBER OF ROOMS: _____ **TOTAL NUMER OF NIGHTS** _____

QUAD: _____ **RATE $** _____

DBL/DBL: _____ **RATE: $** _____

SGL: _____ **RATE: $** _____
(Rates to include all applicable taxes)

BREAKFAST INCLUDED: YES _____ **NO** _____

If yes, describe: _____

_____

_____
If not, additional amount): $ _____
(Cost to include tax and tip)

COMP POLICY: _____

DRIVER'S RATE: $ _____
(If applicable)

BAGGAGE HANDLING CHARGE Round Trip $ _____
The above amount is based on: per person _____ **per bag:** _____

DEPOSIT POLICY: _____

_____

CANCELLATION POLICY: _____

_____