

Lodging Reservations

Awakening January 1-4, 2009

Please fill in this form and mail directly to: *Reservations Department, The Sanctuary at Kiawah Island, One Sanctuary Beach Drive, Kiawah Island, South Car olina, 29455.*You may call in your reservations to 877-683-1234, please reference your group as **Awakening**. You may also fax reservations to (843) 768-2718 or email to group reservations@kiawahresort.com. The deadline for making reservations is **December 2, 2008**. Reservations received after this date will be filled only on a space-and-rate available basis.

Name:			
Guest Name(s):			
Number of Adults:	_ Number of Children:		
Street:			
City: Telephone Number: <i>Office</i>	State:	Zip:	
Telephone Number: Office	2: ()	Home: ()_	
E-mail address:			
Arrival Date:	Dep	arture Date:	
(Check –in is at 4pm; check-out	t is noon for The Sanctuary))	
Room Type:			
☐ Sanctuary garden/dune v	view guestroom at \$185	5/nt + 11.5% tax	
☐ Sanctuary ocean view gu	· ·		
☐ Sanctuary ocean front gi			
☐ Sanctuary executive suit			
- Sanctuary executive sure	.c at ψ525/11t + 11.5/0 to	ux	
Special Requests (1 King,	2 Queens, cribs, rollaw	vay, etc.)*:	
*Please note we cannot guarantee b			
Deposit : Each reservation must Sanctuary at Kiawah Island, OF card:			
\square VISA \square Master Card	☐ American Express	\Box Diners Club \Box	Discover
Card Number:		Expiration	n Date:/
CID number (3 or 4 digit s	security code):		
Signature:			
Kiawah Island Golf Resort will sen	d confirmation of your reserva	ation directly to you when you	our deposit is received. 1

Kiawah Island Golf Resort will send confirmation of your reservation directly to you when your deposit is received. If the type of accommodation you request is unavailable, the most appropriate lodging available will be reserved for you. Your deposit must be received within five (5) days if not paid by major credit card. Cancellations must be received 7 days prior to arrival date for refund of deposit.