

DIVE PACKAGE RESERVATION FORM:

Name of Guests:

of Guests: DIVE PACKAGE

Room Type: One Bedroom _____ Two Bedroom _____

Check In Date:

Check Out Date:

of Nights:

Special Request: _____

CREDIT CARD AUTHORIZATION FORM:

Name of Card Holder:

Card#

Expiration Date:

CVV Code:

I hereby authorize Belize Legacy Beach Resort to charge my card for the amount of \$200.00USD per person for deposit on package, as per resort policy. I hereby authorize Belize Legacy Beach Resort to charge my card for the balance due 30 days prior to my arrival.

Signature of Card Holder: _____

Date: _____

****FAX THE COMPLETED FORM TO 011-501-226-4646 OR EMAIL TO RESERVATIONS@BELIZELEGACY.COM IN ORDER TO CONFIRM YOUR RESERVATIONS****