



EARLY BIRD SUMMER RATES RESERVATION FORM:

Name of Guest: _____

of Guests: _____

Name of Package: **EARLY BIRD SUMMER SPECIAL**

Check In Date: _____

Check Out Date: _____

Special Request: _____

CREDIT CARD AUTHORIZATION FORM:

Name of Card Holder: _____

Card# _____

Expiration Date: _____ CVV Code: _____

I hereby authorize Belize Legacy Resort to charge my card for the amount of \$ _____ USD for the EARLY BIRD SUMMER SPECIAL RATES.

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****