

HOSPITALITY ROOM AGREEMENT

This letter is to establish liability of food items being brought into the hospitality room and catering policies for the MN VFW Fall Conference on September 18-21, 2025 at the Crowne Plaza Minneapolis West. The hotel assumes no responsibility for any illness that may result from food that will be served to the group in the hospitality room. Client assumes all liability for any such incidence.

Catering Policies: Group is approved to bring their own food into the hospitality room. Cooking and open flames are not allowed. Crowne Plaza does not store food for hospitality preparation. Additional charges will apply for ice. Hospitality rooms will be available starting Friday, September 19, 2025 at 4:00pm.

Room must be cleaned and vacated by Sunday, September 21, 2025 at 11:00am. Upon checkout, each room will be inspected by a hotel staff member and a cleaning fee of \$150.00 per room will be assessed if the room is excessively dirty.

Per agreement, each district is responsible for their own charges. Please fill in the attached credit card authorization form and return with this completed letter to Shannon Odegard via email at

Shannon.odegard2@cpplymouth.com or via fax at (763) 559-1053 no later than **Thursday, July 31, 2025**

Print Name: _____

Signature: _____

Organization/Company: _____

Phone/Email: _____

Date: _____

Received by: _____

Date: _____

Hospitality Room Assigned: _____

CREDIT CARD AUTHORIZATION FORM

Payment will be guarantee with your credit card. The following information must be completed in full and returned with the agreement. An estimate of the anticipated charges will be posted to this card five (5) days prior to arrival. At the conclusion of the event and accounting review, any estimated amounts due as a refund will be credited back to the credit card.

Note: If you prefer to make your final payment by check, full pre-payment is due one (1) week prior to arrival.

I, _____, give authorization to the Crowne Plaza Minneapolis West, located at 3131 Campus Drive, Plymouth, MN, to charge my credit card to pay for:

♦ Hospitality Room Rental (\$135 / night or \$270.00 for 2 days – September 19th & 20th, 2025)

*Tax and service charge not included in above rate

♦ Additional Charges as requested (i.e. buckets of ice \$10/ gallon, etc.)

Meeting or Special Event:

Event Name: VFW Fall Conference

Event Date: September 19 & 20, 2025

Credit Card Information:

Name as it appears on credit card: _____

Signature of credit card holder: _____

Type of card: _____

Credit card number: _____ Expiration date: _____

Billing address for this credit card: _____

City, state, zip: _____

Telephone number at billing address: _____

Please return by email to shannon.odegard2@cplymouth.com or via fax to 763.559.1053

A fax photocopy of this authorization shall be as valid as the original

Guests using this authorization must present proper photo ID upon Check-in