INSERT

INSTITUTION’S LOGO

POTENTIAL HOST INSTITUTION NAME

DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

**LETTER OF INTENT**

Date: (insert date)

This letter of intent serves as a courtesy hold for rooms agreed upon by both parties ("Effective Date"), by and between (insert host institution name) (“University”) and (insert hotel name) (“Hotel”). University and Hotel for and in consideration of the mutual promises and covenants expressed herein, agree to the courtesy hold outlined below. Should the University be awarded this event, Hotel agrees to honor the block and rate set forth within the letter of intent. If the University is selected to host, this agreement would stand and the official contract will be provided to Hotel. If University is not selected to host this event, the agreement is terminated without penalty.

**EVENT INFORMATION:**

Event Name: (insert name)

Event Start and End Dates: (insert dates)

Game Dates are: (insert dates)

Announcement on the hosting city is determined by the NCAA on (insert date).

**CONTACT INFORMATION:**

Hotel Contact:

Hotel Name

Hotel Sales Contact Name

Title of Sales Contact

Address of hotel

City, State, Zip code

Phone number

E-mail address of sales contact

Host Institution Contact: Third Party Contact (if applicable):

Name Name

Title Title

Street address Street address

City, State, Zip code City, State, Zip code

Phone number Phone number

Email address Email address

IATA #

**GUEST ROOM BLOCK:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Day: |  |  |  |  |  |
| Date: |  |  |  |  |  |
| Rate | Room Type: | Qty. | Qty. | Qty. | Qty. | Qty. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

All rooms being held must be non-smoking suites.

**CONCESSIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No or N/A | Cost / Notes |
| Complimentary Breakfast |  |  |  |
| Complimentary WiFi in guest rooms |  |  |  |
| Comp Guest / Coach room |  |  |  |
| Upgrade Coach Room |  |  |  |
| Complimentary parking for team bus |  |  |  |
| Complimentary meeting space for team meals |  |  |  |
| Complimentary meeting space for team meetings |  |  |  |
| Additional hotel amenities: | | | |

**CUT OFF DATE**

Guest rooms will be held until the Cut-off Date of (insert date). This is a courtesy hold and visiting teams will be responsible for their own charges, including, but not limited to guestroom incidentals. All reservations requested after the Cut-off Date or outside the guest room block must be confirmed by Hotel and will be accepted on a space available basis at the group guest room rate. (Insert Host Institution name) will not be liable for any cancellation or attrition charges if the event does not take place in (insert City, State of institution host location).

**AGREED AND ACCEPTED:**

**(Insert Host Institution Name)**  **(Insert Hotel Name)**

on behalf of its Department of Intercollegiate Athletics

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name:

Title: Title:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_