

# 2023

**The Orleans Hotel & Casino**  
**UCR Contestant**  
**Hotel Room Reservation Form**

Contestant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**1.) Name on Reservation:** \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Smoking Preference: Non Smoking \_\_\_\_\_ Smoking \_\_\_\_\_

Room Preference: 1 King \_\_\_\_\_ 2 Queen \_\_\_\_\_

ADA Accessible Room: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*You must be 21 to have the reservation in your name. If you are under 21 the room must be in an accompanying adult's name.**