

GROUP POLICY
www.astonhotels.com



March 11, 2011

Aloha!

RE: US OPEN SYNCHRONIZED SWIMMING CHAMPIONSHIPS
Aston At The Waikiki Banyan
July 7, 2011 - July 16, 2011

Thank you for choosing Aston Hotels & Resorts, LLC for your upcoming event. The Us Open Synchronized Swimming Championships is subject to the following conditions:

LETTER OF GUARANTEE:

- In lieu of a \$75.00 damage deposit per group member, the hotel will accept this Letter of Guarantee from the school or organization stating that they will be held financially responsible for all damages incurred by any group member. This Letter of Guarantee must be completed and submitted by **May 23, 2011** to the **ASTON AT THE WAIKIKI BANYAN**. No room keys will be issued to any group member unless this letter of guarantee and a deposit for all rooms is on file with the **ASTON AT THE WAIKIKI BANYAN**. In the event of damage, the hotel will notify the school or organization and they will be held financially responsible for making restitution to the hotel. The hotel has up to 30 days after the group checks out to submit a claim.

SECURITY PROCEDURES:

- The group must include at least one (1) adult chaperone (18 years or older) for each ten (10) group members. Each chaperone will be a registered guest and occupy a room in the same hotel with the group throughout their stay. He/she will also have the responsibility of ensuring socially acceptable behavior from all group members.
- One adult chaperone must act as a Primary Contact throughout the duration of the group's stay. As primary contact he or she will be required to provide a pager or cellular phone number.
- Failure to follow hotel rules will result in group members being barred from the hotel premises. If a member is barred, the chaperone will be responsible for arranging alternate accommodations. The hotel will not assume responsibility for providing or assisting with arranging alternate accommodations for any group member who is denied access to hotel premises.

Please print clearly:

Name / Title		Company / Organization		
Street Address		City	State	Zip Code
Phone	Fax	Email		

I have read, understood, accept and agree to this Group Policy:

Signature	Date
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