

IMPERIAL SESSION 2026 RESERVATION FORM



Send completed form with credit card or check payment to:

Aladdin Shriners, ATTN: IMPERIAL RESERVATION, 1801 Gateway Circle, Grove City, OH 43123

NOBLE		ROOMMATE/SPOUSE	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL		PHONE	
<input type="checkbox"/> 1 KING	<input type="checkbox"/> 2 QUEENS		
BED PREFERENCE (not guaranteed)		DATE OF ARRIVAL	DATE OF DEPARTURE
PLEASE LIST ANY DIETARY RESTRICTIONS			

LIST NAME(S) AND AGE(S) BELOW OF ANY CHILDREN (17 OR UNDER) ATTENDING

CHILD'S NAME	AGE	CHILD'S NAME	AGE

IMPERIAL PACKAGES (Check in SUN 7/12 – Check out THU 7/16)

IMPERIAL PKG, **DOUBLE** OCC (4 nights) _____ @ \$1,300
 IMPERIAL PKG, **SINGLE** OCC (4 nights) _____ @ \$1,100
 EXTRA NIGHTS BEFORE _____ @ \$240 / night
 EXTRA NIGHTS AFTER _____ @ \$240 / night

Select if you would like connecting rooms
 With whom? _____
Connecting rooms are limited! First come, first served

Use the below for ONLY if not purchasing a Package, or for additional tickets beyond what's already included in the Package:

Aladdin Banquet Ticket _____ @ \$135 / person
 Aladdin Ladies' Party Ticket _____ @ \$25 / person

TOTAL AMOUNT DUE

Imperial Package Total: \$ _____
 Extra Nights Total: \$ _____
 Extra Tickets Total: \$ _____
TOTAL AMOUNT DUE: \$ _____

I authorize Aladdin Shriners to charge the credit card provided on this form. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the deposit or full payment as indicated on this form.

PAYMENT INFORMATION

PAYMENT IN FULL DEPOSIT ONLY (\$300 due at time of reservation)

CREDIT CARD NUMBER		EXP DATE	CVV
BILLING ZIP CODE		SIGNATURE	

(IF PAYING BY CHECK, please make it payable to **ALADDIN SHRINERS** and put "Imperial 2026" in the memo line.)