

Reunion Name Request for Proposal

Response Due Date: xxx

Contact XXX Address XXX Email XXX Phone XXX Website XXX

Facebook Page XXX

Preferred Upcoming Reunion Dates: XXXXX

About our reunion:

We have approximately XXX attendees and meet XXX (annually, every odd/even year).

Our preferred month is XXX. We XXX (will or will not) consider other times of the year.

We decide on our next reunion by XXX (having attendees vote, the Board of Directors decides, planner decides) Our attendees live XXX (across the country, mainly east of the Mississippi etc)

The average attendee age is XXX

Our group has the following special needs: XXX

We will visit attractions that are a blend of military and local attractions

General Reunion Flow Pattern: EDIT GRID BELOW TO REFLECT YOUR REUNION PATTERN

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Guest Rooms	XXX	XXX	XXX	XXX	XXX	0
Meeting					Banquet	
Space						
Breakfast						
Lunch						
Group Dinner					Banquet	
Tours/Special			Tour Day	Tour Day		
Events						
Hospitality	Required	Required	Required	Required	Required	
Space						

We will communicate specific handicapped accessible rooms required at time of contract.

REUNION NAME will require a Master Bill for specific charges such as banquet charges, VIP room charges, gratuities and other charges as assigned. Guests are responsible for their own room and tax charges unless directed by **REUNION NAME**.

Sample Request for Proposal The Military Reunion Network 425-501-1430 <u>www.militaryreunionnetwork.com</u> ©2019 The Military Reunion Network

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<u>General Requirements/Preferences (in order of importance)</u>: RANK THE LIST IN ORDER OF IMPORTANCE DELETE ALL ITEMS NOT RELEVENT

Group Rate Discount. Full-Service Hotel Complimentary Rooms and/or Suite Breakfast included with the room rate Complimentary Hospitality Space (see requirements below) Complimentary Parking Complimentary Audio Visual. Banquet menu flexibility (meal portion and/or flexible pricing) Suite Upgrade for Reunion Planner Group Rate extended three days pre and post of the reunion. Complimentary Local Transportation to and from the Airport

Hospitality Space Requirements:

We have the following requirements for our hospitality space because it is used for fellowship, XXX (reunion store, memoribilia, silent auction...)

We Need: EDIT ITEMS / DELETE ALL ITEMS NOT RELEVENT

Adequate square footage meeting space for our needs as approved by reunion organizer Set up/teardown time prior to and at the conclusion of the reunion event 60-inch round tables with linens and chairs 6-foot tables with linens for reunion use Table for food and beverage consisting of snacks and sodas Alcohol to be available for use in the hospitality space Room that locks (up to 4 keys for reunion group use) Up to three waste cans taller than 2 feet

Reunion Banquet Dinner Requirements:

RANK THE LIST IN ORDER OF IMPORTANCE DELETE ALL ITEMS NOT RELEVENT

Flexible menu pricing reflecting portions requested (utilizing lunch menu at a dinner event).

Pricing to include all gratuities and taxes within per person rate

American Flag

Seating in round tables of 8 at a 60-inch round minimum

Podium and microphone

Banquet Room to be located near lobby and group guest rooms.

POW/MIA or Missing Man Table

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Contract Terms Requirements:

Overbooking/Walk: The hotel agrees to the following procedure when in an oversold status.

Reunion attendees will be last to be considered when selecting registered or reserved guests to move from the hotel.

Hotel will contact reunion planner immediately if oversold status is anticipated Hotel will provide <u>complimentary</u> all transportation, meals and accommodation at or above the current hotel star/diamond rating level for all nights impacted by the move. Hotel will prioritize the move of the reunion attendee back to the host hotel.

Condition of Premises:

REUNION NAME reserves the right to cancel the event without penalty if the condition of the hotel falls below the condition presented during the site inspection and contract signing. Photographs taken during the site inspection have been filed and are available if necessary.

Change of Ownership/Management/Staffing or Brand Affiliation:

The hotel will notify **REUNION NAME** within 14 days of publicly announced changes in ownership, management, staffing and/or brand affiliation. All contract agreements will remain in effect with the new parties unless notified the hotel will be closed for business over contracted event dates.

ADA Requirements:

The hotel will comply current ADA standards.

Renovation/Remodeling:

The hotel will notify **REUNION NAME** immediately in the event renovation or remodeling plans be scheduled over the contracted event dates. **REUNION NAME** will be given the opportunity to cancel the event without penalty should the renovation have a negative impact of the success of the event due to construction noise, shift in meeting space availability, or reduced availability of food and beverage.

History: (5 years is more than adequate history)

Month/Year			
City			
Hotel			
Rate			
Block			
Utilized			
Banquet Attendance			
Banquet Rate			
Group			
Transportation			

Month/Year: Month and Year the reunion was held June 2022

City: Where the reunion was held

Hotel: Hotel Name (be sure to include full name ie Crowne Plaza Dulles Airport instead of Crowne Plaza)

Rate: The room rate(s) (be sure to list if the rate included items like breakfast, or parking)

Block: The number of rooms you requested to be set aside at the time of contract

Utilized: The number of rooms you ended up using

Banquet Attendance: How many people attended the banquet

Banquet Rate: What the per person rate(s) were for the banquet meal. Be sure to state if taxes and fees were included.

Group Transportation: How many motor coaches, school buses, or vans did you use?