



Hotel Reservation Form

Direct Billed to Black Hills Special Services

Name on Reservation: _____

Program to Charge to: _____

Hotel Name: _____

Address of Hotel: _____

Phone # for Hotel: _____

Arrival Date: _____

Departure Date: _____

Confirmation # _____

This form must be filled out and sent to BHSSC Business Office for all direct billed room reservations.

Mail to:

Black Hills Special Services
PO Box 218
Sturgis, SD 57785

OR Email to:

Business Office
BusinessOffice@bhssc.org

Please notify the business office of all cancellations or changes ASAP.