



Excalibur Las Vegas Best Rate Guarantee Fax Claim Form

Please complete all fields of the Best Rate Guarantee Claim Form. Incomplete forms may not be processed. Fax your completed form to 702.262.4825.

Date: _____

Guest Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Players Club Card Number (if applicable): _____

Reservation Information

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____ Confirmed Rate: _____

Third Party Quoted Rate: _____

Third Party Location: _____

Proof Submitted: _____

Comments: _____

