



TEAM BLEAU EXCLUSIVE ASSOCIATE & FAMILY RATE FORM

Associate Name:	Department/Position:
Guest Name:	Relation of Guest to Associate:
Confirmation Number:	Date of Arrival/Date of Departure:

PROCEDURE

1. In order to receive the Team Bleau Rate, Associate must be an active employee of JW Marriott Miami Turnberry Resort & Spa or Fontainebleau Miami Beach.
2. Reservations must be made online. Go to fontainebleau.com/teambleau to view available dates and the Associate or Exclusive Family & Friends Rate.
3. Once the reservation is confirmed, Associate must have the form signed by Human Resources. **If the original Authorization Form, completed with signature and confirmation number, the discounted room rate will not be honored and the rate will increase to the best available rate. No adjustments will be to the reservations at check-out.**

POLICY

- **Definition of Associate’s Immediate Family:** Spouse or domestic partner, Parents or parents-in-law, Grandparents, Grandchild, Children, Siblings
- Form may not be used by anyone other than the authorized individual. **Form and a valid photo ID is required at check-in.**
- Check-in begins at 4 PM (early check-in is based on availability). Valid picture ID and credit card is required. Credit card will be authorized for room and tax for all nights + deposit for incidentals. (Debit Card not recommended as funds will be held).
- All charges must be settled prior to departure. Check-out time is 11 AM.
- Team Bleau Exclusive Associate & Family Rates are for personal travel only (not business).
- **Additional discounts or “comping” a bill is not allowed.**
- Falsification or other misrepresentation of information on this form will constitute grounds for disciplinary action, up to and including termination.

IMPORTANT: Your conduct and professionalism, as well as those in your party and/or family utilizing this benefit as a guest, is a representation of Fontainebleau Development, JW Marriott Turnberry Miami. Inappropriate conduct and behavior deemed inappropriate by management could result in a loss of privileges, disciplinary action, up to and including termination.

By requesting this room discount benefit, I accept and agree to abide by the terms and conditions outlined above.

Associate Signature:	Date:
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APPROVAL AUTHORIZATION

Human Resources Representative:	Signature:
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