

CAMP BEAUREGARD LODGING
RESERVATION FORM

ARRIVAL DATE: _____ **DEPARTURE** _____

UNIT : _____ **CSM NAME** _____

RANK: _____ **GENDER:** _____

LAST NAME: _____ **FIRST NAME:** _____

CELL PHONE: _____ **EMAIL:** _____

ZIP CODE: _____

CREDIT CARD INFORMATION

YOU MUST GIVE A CREDIT CARD TO MAKE THIS RESERVATION

CREDIT CARD # _____

EXPIRATION DATE: ____ / ____

**COMPLETED RESERVATION FORM MUST BE FORWARDED TO THE
LODGING EMAIL DISTRIBUTION AT ng.la.laarng.list.tc-p-billeting@army.mil**

HOURS OF OPERATION

**TUESDAY-FRIDAY 0700-1700HRS
(AFTER DUTY HOURS, KEYS ARE AT THE FRONT GATE)
OFFICE PHONE: 318-290-5669**