Procedures for Team Member Hotel Discount Program

- The hotel discount form will be available in Human Resources.
- After the Team Member completes the form, the property HR department will route the form via Service Now to Team Member Services (teammemberservices@boydgaming.com) for eligibility verification.
- Team Member Services will complete the appropriate section of the form and email it to the appropriate Room Reservations team for the property requested.
- Room Reservations will complete the form indicating nightly rate, confirmation number and the signature of the person inputting the reservation. They will send the form to the team member's email address provided on the form.
- The Team Member must contact Room Reservations within 24 hours of receiving the rate to provide a credit card number and guarantee the reservation with the first night's deposit.

Eligibility

The person the reservation is being made for must be at least 21 years of age. The Team Member cannot stay at the property at which they work at unless approved by the General Manager.

Every effort will be made to accommodate the Team Member's travel plans; however, there is no guarantee of availability. You will be required to provide a credit card and picture ID at check in. The credit card will be authorized/charged for the full amount of the stay.

The discounted rates will be based on availability and will generally be offered up to 20% off the prevailing rate. Some exclusions may apply. The Team Member discount is available at all properties.

To determine if a property participates in an additional Friends and Family Discount Program, refer to My Discounts on Boyd.net, or refer to Boydstyle.com. Team Members may also inquire directly with the property for any promotions or discounts.

BOYD GAMING CORPORATION HOTEL RESERVATION REQUEST

Type of Request: Team Member Discou	unt Friends & Family Discoun	! *
Today's Date: Team Membe	r Name:	Team Member #:
Team Member's Property:	Team Member's	Department:
Team Member's Contact Number:	Team Member's E-	mail Address:
Hotel Requested (Please Select One):		
Guest's Name:	Relationship to T	eam Member:
Mailing Address:		
Contact Phone Number:	E-mail Address: _	
Arrival Date:	Departure Date:	Number of Nights:
Number of Rooms:	Number of Adults:	Number of Children:
Bed Type Requested:	Smoking Preference:	Handicap Access:
deposit by the date indicated below. The reservation v Guest checking into the hotel must be 21 years or refundable dep		d ID and a credit card upon check-in. A \$100.00
TEAM	I MEMBER SERVICES USE O	NLY
Verified By:	D	ate:
ROC	OM RESERVATIONS USE ON	LY
Nightly Rate:Confirmed By	Confirmation #:	
Send form to th	e team member e-mail address pro	ovided above.

*At participating properties