

GUEST REGISTRATION

NAME				ARRIVAL DATE/TIME	
ADDRESS				NUMBER IN PARTY	
CITY				CHECK-OUT DATE	
PR./STATE		P.C./ZIP		TELEPHONE	
				<input type="checkbox"/> H <input type="checkbox"/> B	
COMPANY REPRESENTING					
CAR LICENSE		PR./STATE	MAKE/COLOUR		YEAR

NOTICE TO GUESTS - This property is privately owned and management reserves right to refuse service to anyone, and will not be responsible for accidents or injury to Guests or for loss of money, jewellery or valuables of any kind.

GUEST SIGNATURE X

DAYS OCCUPIED (✓)				# DAYS	\$ RATE
SUN.				ROOM TOTAL	
MON.				GST	
TUES.				ROOM TAX	
WED.					
THURS.				MISC. CHARGES	
FRI.					
SAT.				TOTAL	

PAYMENT METHOD

- CASH TRAVELLERS CHEQUE
 VISA MASTERCARD AMEX
 DEBIT CARD

#

REC'D. BY _____

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GUEST NAME	
DATE	
ROOM TOTAL	
HST / GST	
ROOM TAX	
MISC. CHARGES	
TOTAL	

THANK YOU

This is your Receipt
Please Retain

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ROOM # NAME