



GUEST REGISTRATION

NAME		PHONE <input type="checkbox"/> H <input type="checkbox"/> B
STREET		
CITY	PROV / STATE	PC / ZIP
COMPANY REPRESENTING		
VEHICLE LICENSE		PROVINCE/STATE
MAKE/COLOUR		YEAR

NOTICE TO GUESTS - Management reserves the 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

No. IN PARTY	ARRIVAL DATE	CHECK-OUT DATE	ROOM TOTAL				
			\$				
ROOM NO.	NO. OF DAYS	\$ RATE	GST				
			\$				
DAYS OCCUPIED (✓)			SUBTOTAL				
			\$				
SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	PROV. ROOM TAX
							\$
<input type="checkbox"/> CASH		<input type="checkbox"/> TRAVELLERS CHEQUE		CHARGES		CREDITS	
<input type="checkbox"/> VISA		<input type="checkbox"/> M.C.		<input type="checkbox"/> AMEX		<input type="checkbox"/> DEBIT CARD	
						\$	
#	EXP. DATE		TOTAL				
REC'D BY			\$				

Check-out time is _____

**This is your Receipt
Please Retain**