

GUEST REGISTRATION

NAME		ARRIVAL DATE	
ADDRESS		No. IN PARTY	
CITY	PROV/STATE	PC/ZIP	CHECK-OUT DATE
COMPANY REPRESENTING		PHONE	<input type="checkbox"/> H <input type="checkbox"/> B
VEHICLE LICENSE	PROV/STATE	MAKE/COLOUR	YEAR

NOTICE TO GUESTS - 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 (✓)	
SUN.	
MON.	
TUES.	
WED.	
THURS.	
FRI.	
SAT.	

# DAYS	\$ RATE
ROOM TOTAL	
GST	
TAX	
MISC. CHARGES	
TOTAL	

PAYMENT METHOD

- CASH TRAVELLERS CHEQUE
 DEBIT CARD
 VISA M.C. AMEX

 EXP. DATE _____ REC'D BY _____

Check-out time is _____

GUEST NAME	
REC'D BY	DATE

# DAYS	\$ RATE	ROOM TOTAL
		GST
		TAX
		MISC. CHARGES
		TOTAL

This is your Receipt
Please Retain

ROOM # _____ NAME _____