

GUEST REGISTRATION

NAME		ROOM NO.
STREET		CHECK OUT DATE
CITY		ARRIVAL DATE/TIME
PHONE NO. (AREA CODE)		DEPARTURE DATE
CAR LICENSE	MAKE AND COLOUR	ROOM RATE/TAX
NO. IN PARTY	SIGNATURE	RECEIVED BY

PAYMENT: CREDIT CARD DEBIT CASH

CARD: VISA M/C AMEX OTHER _____

CREDIT CARD NO. _____

EXPIRY DATE

DAYS OCCUPIED				ROOM TOTAL	
SUN				GST	
MON					
TUES					
WED				TOTAL	
THURS				AMT. PAID	
FRI					
SAT				AMT. DUE	

NOTICE TO GUESTS

THIS PROPERTY IS PRIVATELY OWNED AND MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE. WE WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS OR FOR LOSS OF MONEY, JEWELLRY OR VALUABLES OF ANY KIND.

QE 96-04

CHECK OUT TIME:

QE 96-04