

REGISTRATION CARD

OE 96-05

Name			Room No.	
Address			Arrival	
City/Prov.			Departure	
Postal Code			No. of Night(s)	
Company Name			Co. Phone No.	
Res. Phone No.			No. of Adults	
Credit Card No.	Expiry Date		Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> A/E _____ OTHER
Car Make/Model				
Plate No.			Rate \$	
X				

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The management will not be responsible for accidents or injuries to guests or loss of money, jewelry or valuables of any kind by fire or theft.

THE ABOVE SIGNED GUEST AGREES TO BE RESPONSIBLE FOR ALL CHARGES INCURRED.
CHECK OUT TIME IS: