Hotel Reservation Request

Arrival Date _____ Departure Date _____

Name _____

Address _____

Email _____

Phone No. _____

No. in Party _____ Requested Check-In Time _____

Room Type ☐ Smoking ☐ Non-Smoking Pets ☐ Yes ☐ No

Bed(s)

- ☐ 2 Twin
- ☐ 1 Queen
- ☐ 2 Queen
- ☐ 1 Queen, 1 Twin
- ☐ 1 King
- ☐ 2 King
- ☐ 1 King, 1 Queen
- ☐ 1 King, 1 Twin
- ☐

Special Requests