

GUEST REGISTRATION

CUSTOMER NAME

ADDRESS
ADDRESS
ADDRESS

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

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 NO.	NO. OF GUESTS	\$ RATE				
GUESTS OCCUPIED (M)						
SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.

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

_____ EXP. DATE _____

REC'D BY _____

ROOM TOTAL	
\$	
G.S.T./H.S.T.	
\$	
SUBTOTAL	
\$	
PROV. ROOM TAX	
\$	
CHARGES	CREDITS
\$	

TOTAL
\$
This is your Receipt Please Retain

Check-out time is _____

000001