

GUEST REGISTRATION

CUSTOMER NAME

ADDRESS
ADDRESS
ADDRESS

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

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 DAYS	\$ RATE

DAYS OCCUPIED (✓)						
SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.

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

_____ EXP. DATE _____

REC'D BY _____

Check-out time is _____

000001

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

TOTAL

\$ _____

This is your Receipt
Please Retain