

Registration Card

Company Name: _____

of Guests: _____ Name(s) of Guest(s): _____

Arrival Date: _____ Departure Date: _____

Phone Number: (_____) _____ - _____

By signing below, the guest(s) agree that the management will not be responsible for accidents or injuries to guests or loss of valuables of any kind or theft. The guest agrees to be responsible for all charges, damages and/or Inn property removed from the room. A charge will be applied on late departures and/or on unreturned room key.

Signature(s): _____ Date: _____, 20 _____

How did you hear about us? _____

FRONTDESK AQTENDANT USE ONLY

ROOM NUMBER: _____ (TYPE: _____) RATE: _____ PAYMENT TYPE: _____

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