

# GUEST REGISTRATION

Room No. ....

Rate .....

Name .....  
Surname Other Names

Home Address ..... Phone .....

Company Name .....

Address ..... Phone .....

Vehicle Registration No. .... No. of Persons: Adult ..... Children .....

Driver's Licence No. .... Arrival Date ..... Departure Date .....

Signature .....

THE ACCOUNT WILL BE PAID BY:  
(Please tick appropriate square)

CASH

CHARGE  
(BY ARRANGEMENT)TRAVELLER'S  
CHEQUEPERSONAL  
CHEQUE  
(BY ARRANGEMENT)

BANKCARD

MASTERCARD

VISA

AMERICAN  
EXPRESSDINERS  
CLUBOTHER  
(SPECIFY)ALL CARE IS TAKEN BUT NO RESPONSIBILITY ACCEPTED  
FOR VALUABLES LEFT IN ROOMS OR YOUR VEHICLE IN THE CAR PARK