

GUEST INFORMATION				STAY INFORMATION			
FULL NAME:*				CHECK IN DATE: * (mm/dd/yyyy)	CHECK OUT DATE: * (mm/dd/yyyy)	ADULT/CHILD:*	
						0/0	
HOME ADDRESS:*				CONFIRMATION #:	ROOM TYPE BOOKED:	ROOM NUMBER:	
				FOLIO #:			
PASSPORT No.:*	EXP. DATE: * (mm/dd/yyyy)	ISSUING COUNTRY:*	EMAIL ADDRESS:*		TELEPHONE:*		
FLIGHT INFORMATION:							
ARRIVAL AIRLINE:*				DEPARTURE AIRLINE:*			
ARRIVAL FLIGHT No.:*				DEPARTURE FLIGHT No.:*			
ARRIVAL TIME IN DOM:*				DEPARTURE TIME IN DOM:*			
AIRPORT / FERRY TRANSFER:							
REQUIRE HOTEL TO BOOK:*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ONE-WAY	<input type="checkbox"/>	ROUNDTrip	<input type="checkbox"/>	
IF BOOKED THROUGH 3RD PARTY, PROVIDE TRANSPORTER'S INFORMATION:*							
<p>A copy of your passport's bio page MUST be received with this form. Other forms of ID will NOT be accepted.</p> <p>As a precaution, we encourage you to keep any important valuables in the safety deposit box provided in your room. The hotel will not assume responsibility for any items not secured in this manner.</p> <p>Remember to check your safety deposit box before check-out for any valuables you may have left behind.</p> <p>Please note that there will be a charge of US\$50.00 subject to 10% service charge and 10% vat upon confirmation for late check-out authorized by the Front Desk. All our guest rooms are non-smoking rooms, this includes terraces and balconies. Smoking is only permitted in the waterfall area located on the first floor on the boardwalk. Smoking in ANY area beside the waterfall area is subjected to a US\$100.00 fee for each occurrence.</p>							
SIGNATURE OF GUEST				SIGNATURE OF GUEST			
N.B. Please Fill In All Fields Marked *.							
INTERNAL USE ONLY:							
Check In By: _____ Check Out By: _____							
NOTES:							