ROOM RESERVATION

NAME _____

ADDRESS _____

FIRM _____

SINGLE _____ DOUBLE _____ DD _____

QUEEN _____ STUDIO _____ SUITE _____

OTHER _____

MADE BY _____

ADDRESS _____

RECEIVED BY PHONE ☐ LETTER ☐ WIRE ☐ VERBAL ☐

TAKEN BY _____

CONFIRMED BY _____

Reorder Form #NHRM2

DATE OF ARRIVAL _____

TIME OF ARRIVAL _____ A.M. P.M.

DAY OF WEEK _____

DEPARTURE DATE _____

NO. PERSONS _____

RATE _____

DEPOSIT $ _____

DATE _____

PHONE _____

DATE _____

DATE _____

LIVEWORKSHEETS