

ROOM RESERVATION

NAME _____	DATE OF ARRIVAL _____
ADDRESS _____	TIME OF ARRIVAL _____ A.M. P.M.
FIRM _____	DAY OF WEEK _____
SINGLE _____ DOUBLE _____ DD _____	DEPARTURE DATE _____
QUEEN _____ STUDIO _____ SUITE _____	NO. PERSONS _____
OTHER _____	RATE _____
MADE BY _____	DEPOSIT \$ _____
ADDRESS _____	DATE _____
RECEIVED BY PHONE <input type="checkbox"/> LETTER <input type="checkbox"/> WIRE <input type="checkbox"/> VERBAL <input type="checkbox"/>	PHONE _____
TAKEN BY _____	DATE _____
CONFIRMED BY _____	DATE _____

Reorder Form #NHRM2