## LET'S DISCOVER TRAVEL, TOURISM, AND HOSPITALITY

Room Reservation Form Activity 3
Item #PD 15002

Name:	Date:	
maille.	Dale	

## ROOM RESERVATION FORM

## **ROOM RESERVATION FORM** DATE OF ARRIVAL: \_\_\_\_\_DATE OF DEPARTURE: \_\_\_\_ NAME: (Middle) (Last) (First) ADDRESS: (Street) (State) (City) (Zip) TELEPHONE NUMBER: ( ) METHOD OF PAYMENT: Check \_\_\_\_ Cash \_\_\_\_ Credit Card \_\_\_\_ NUMBER OF ROOMS: \_\_\_\_\_ NUMBER OF PEOPLE: \_\_\_\_\_ TYPE OF ROOM: \_\_\_\_\_Smoking \_\_\_\_Non-smoking \_\_\_\_\_Double \_\_\_\_Single \_\_\_\_Suite TYPE OF BED: \_\_\_\_Standard \_\_\_\_Queen \_\_\_King OTHER NEEDS: Roll-away \_\_\_\_\_Handicap Needs \_\_\_\_Other Taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_