

Hotel Name
Reservation Form

New Reservation
Amend

ARR: _____ FLT: _____ TIME: _____ TRANSFER IN:

DEP: _____ FLT: _____ TIME: _____ TRANSFER OUT:

NAME	NO.OF PAX	TITLE	VIP	HISTORY

ROOM TYPE	SGL	DBL/TWN	TRP	RATE.
SUPERIOR VILLA				
DELUXE VILLA				

- Credit Card Billing: _____
 Own A/C Bill to Co. All Expenses
 Bill to Co. Rm Only Bill to Co. Rm & ABF CBF LUNCH DINNER

Remarks: _____
Special Request: _____

Special Arrangement: _____

Made By: _____ Firm: _____

Address: _____

Taken By: _____ Date: _____ Rsvn.No. _____

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