

Check-in Form

Arrival Date: _____ Arrival flight: _____

Departure Date: _____ Departure flight: _____

Name guest 1: _____

Name guest 2: _____

Name guest 3: _____

Name guest 4: _____

Address guest

Street: _____

Postalcode & City: _____

State/Country: _____

Phone/fax: _____

Email: _____

Emergency Contact

Name: _____

Phone/fax: _____

Email address: _____

- * I authorize that \$50.00 will be charged to my cc for each room key I do not return.
- * I authorize that \$100.00 will be charged to my cc if I don't return the safekey.
- * I authorize that \$20.00 will be charged to my cc for each towel I do not return.

I hereby certify that if there are any unpaid charges on the room and I do not return all keys and towels the cost can be deducted from the credit card authorization held on file. I also understand that I will be liable for any damages to the room and its contents during my stay and the costs will also be deducted from my credit card held on file.

Signature: _____

Office use only: 1 key 2 keys Room number: Date: