

GUEST REGISTRATION

Room No.

Rate

Name
Surname Other Names

Home Address Phone

Company Name

Address Phone

Email

Vehicle Registration No. No. of Persons: Adult Children

Driver's Licence No. Arrival Date Departure Date

SAMPLE

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Signature

THE ACCOUNT WILL BE PAID BY

(PLEASE TICK APPROPRIATE SQUARE_

CASH

CHARGE
(BY ARRANGEMENT)

TRAVELLER'S
CHEQUE

PERSONAL/COMPANY
CHEQUE

OR ACCEPTED CREDIT CARD BILLING.

MASTERCARD

VISA

AMERICAN
EXPRESS

DINERS
CLUB

OTHER
(SPECIFY)

ALL CARE IS TAKEN BUT NO RESPONSIBILITY FOR VALUABLES LEFT IN ROOM
OR YOUR VEHICLE IN THE CAR PARK