

# Guest Reservation Form

Please complete the form below to request your reservation. Ensure all information is accurate.

**Full Name:**

**Email Address:**

**Phone Number:**

**Check-in Date:**

**Check-out Date:**

**Number of Guests:**

 

**Special Requests (optional):**

## Cancellation Policy:

- Cancellations made more than 7 days before check-in are fully refundable.
- Cancellations made between 3-7 days before check-in incur a 50% charge.
- Cancellations within 3 days of check-in are non-refundable.
- No-shows will be charged the full amount of the reservation.

By submitting this form, you acknowledge that you have read and agree to the cancellation policy above.

**Submit Reservation**