

TO: RESORT NAME:

CONTACT/ADMINISTRATOR NAME:

EMAIL:

RESERVATION DETAILS

ARRIVAL DATE: (MM/DD/YY)

DEPARTURE DATE: (MM/DD/YY)

OF NIGHTS:

OF ADULT(S)

OF CHILDREN

NOTE

FROM : EMPLOYEE DETAILS

EMPLOYEE NAME

EMPLOYER NAME

MANAGERS NAME

MANAGERS SIGNATURE

PERSONAL CREDIT CARD INFORMATION

CREDIT CARD #

VI

MC

AMX

EXPIRY DATE:

CARD NUMBER:

CARD HOLDER NAME (PRINT)

CARD HOLDER SIGNATURE

ADMINISTRATION USE ONLY

YES We are able to confirm your reservation NO We are unable to confirm your reservation

2025: R.E.P.P. RATE 129.00 / OR UPGRADE:

APPLICABLE TAXES (HST)

TOTAL DUE

CHECK-IN TIME

CHECK-OUT TIME

CONFIRMATION