

VILLAZZO

GUEST REGISTRATION

Guest's Name: _____

Address: _____

Cell Phone: _____

Email address: _____

Arrival Date: _____ (after 4pm)

Departure Date: _____ (before 12pm)

Villa Name: _____

Location: _____

Villa Experience:

() Villa, No Service

() 3-star VillaHotel

() 4-star VillaHotel

() 5-star VillaHotel

Property has ____ Bedrooms. Maximum persons allowed overnight: ____ Persons.

No more than ____ persons, including invitees, licensees, vendors, employees, or others, with or without the permission of the Guest, are allowed on the Property at any given time.
Names of all persons staying at the Property during any portion of the reservation period:

Name	Age*	Name	Age*
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

** if under 18 years of age.*

☐ Property does not allow smoking

☐ Property does not accept pets

The "Terms and Conditions" attached hereto are incorporated herein by reference.

Date

Guest Signature

Print Full Name

ACCEPTED VILLAZZO:

SIGNATURE: _____

PRINT NAME: _____