Registration Card Company Name: # of Guests: Name(s) of Guest(s): Arrival Date: Departure Date: Phone Number: (______ - _____ By signing below, the guest(s) agree that the management will not be responsible for accidents or injuries to guests or loss of valuables of any kind or theft. The guest agrees to be responsible for all charges, damages and/or Inn property removed from the room. A charge will be applied on late departures and/or on unreturned room key. Date: _____, 20_____ Signature(s): How did you hear about us? FRONTDESK AQTTENDANT USE ONLY **ROOM NUMBER:** (TYPE:) RATE: PAYMENT TYPE:

	I	Registration Ca	ard		
Company Name:		·			
# of Guests:	Name(s) of Guest(s				
Arrival Date:		Departure Da	te:		-
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How did you hear abo	out us?				
FRONTDESK AQTTEND	ANT USE ONLY				
ROOM NUMBER:	(TYPE:) RATE:	DAVME	NT TYPE:	