

RESERVATION FORM

69 Bakakeng Road, Baguio City Tel. No: (074) 423 0623

	Email: 181northplacereside	nces@gmail.com
Form No.	Date:	
PERSONAL INFORMATION		
FULL NAME		
HOME ADDRESS		
POSTAL ZIP CODE		
MOBILE NUMBER		
EMAIL ADDRESS		
RESERVATION REQUEST CRITERIA:		
Payment: A non-refundable payment of of the advanced payment upon confirmation		. This amount will form part
 Policy for confirmation: Confirmation th deposit and 1 month advanced payment), 		orresponding fees (2 months
 Policy for cancellation: If no confirmatio will be given to other applicants. 	n has been made after 2 weeks, reservati	on will be cancelled and slot
RESERVATION OF BEDSPACE FOR:		
Room & Bed No.:	Room Type:	
School Term:	AY:	OTHERS:
CATERING REQUEST		
	O BREAKFAST, LUNCH, AND DINNER	
SIGNATURE OF APPLICANT		
DATE OF REQUEST		
f www.fa	acebook.com/181northplace	