

Room Reservation Confirmation Slip

Reservation No.: _____

Date Reserved: _____

Reservation Date: _____

Guest Name: _____

Contact No.: _____

Email: _____

Room Type	Room No.	Check-in	Check-out	No. of Nights	No. of Guests

Special Requests: _____

Reservation Made By: _____

Relationship to Guest: _____

Guest's Signature

Date

Staff Signature
