Edenwald Guest Room Reservation Form

Today's Date: _____   Resident Name & Apt#: _____

Guest Name: _____

Guest Phone: _____   or e-mail: _____

Requested guest room dates:

Check-In Date _____   **Check-Out Date _____**   **Nights Staying = _____**
(At/After 3:00 PM)   **(Before/At 11:00 AM)**

Circle preferred room or any available: **705   805   1703   Any Available**

Resident will pay (initial): _____   Guest will pay: _____

New Rate as of 01/01/2024: *$115 charged per night*. Cash and Credit Cards are not accepted.

- **Payments accepted: the charge can be put on the <u>resident's monthly account</u> or paid by <u>check</u>.**

  - **If paying by check please put the <u>resident's name and room number on the check</u>.**

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<u>Office Use Only</u>

Date returned to the requester: _____

Confirmation: Yes   No   Confirmation#: _____

Request processed by: _____

Notes: _____
_____
_____

PLEASE NOTE: YOU MUST RECEIVE A ROOM CONFIRMATION # TO SECURE YOUR ROOM
(SIMPLY SUBMITTING A REQUEST DOES NOT GUARANTEE YOUR RESERVATION)

Edenwald reserves the right to change the Guest Room you have rented to best accommodate all requests.
Thank you for your understanding.

01/01/2024 Version