WHATI MOTEL

RESERVATION FORM

1. **Guest Name(s):**

|  |
| --- |
| **Guest 1:** |
| **Guest 2:** |
| **Guest 3:** |
| **Guest 4:** |

1. **Arrival and Departure Date:**

|  |  |  |
| --- | --- | --- |
| **Arrival Date:** | **Departure Date:** | **Total Nights:** |

1. **Provide Address: 4. Contact Information:**

|  |  |
| --- | --- |
| **Company:** | **Home Phone #:** |
| **Street Address:** | **Cellphone #:** |
| **City/Town:** | **Work #:** |
| **Territory/Province:** | **Fax #:** |
| **PO Box/Postal Code:** | **Email:** |

5. Payment/Signature Authorization:

|  |
| --- |
| **Type of Payment Method:** |
|  **Print Name Signature Date** |

Whatì Motel

**For pricing and availability please contact us!**

**Phone #: (867) 573-3020 ● Fax #: (867) 573-3585 ● After Hours #: (867) 445-2809 ●** **whatimotel@tlichoic.com**