

Rest and Study Reservation Notice

Name(s): _____

Arrival date: _____ Arrival time: _____

Departure date: _____ Departure time: _____

Horizon House # _____ Association: _____

1st Meal: _____ MEALS: All ___ Some ___ None ___ Veg ___ In HH ___

Special Requests: _____

Special Instructions: _____

DOCSN _____ Nursing _____ Kitchen. _____ Housekeeping _____ Reception _____ ED _____

Billing Address on credit card:

City: _____ State _____ Zip _____

Home phone: _____ Work phone: _____

Cell phone: _____ Date of reservation: _____

Email: _____

- **ask for credit card # to reserve room**

Payment type: cash _____ check _____ credit card _____ send bill _____

Credit card number: _____ CVV _____ Hold Only _____

Expiration date: _____ Exact Name On Card: _____

Rate Quoted: _____ Single: ___ Double: ___ Room Assigned: _____

Billing _____