



## HOTEL RESERVATION FORM

*Please fax your completed reservation form to: 1 705 495 3099*

Name of Guest: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Preferred Hotel: \_\_\_\_\_

(Inn On The Bay, Super 8, Best Western, Comfort Inn, Holiday Inn)

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Type of Room:    Single                       Double

Smoking Preference: Smoking                       Non-smoking

Special Request:

Type of Card	Credit Card Number	Expiration Date
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**Please note: All hotels require a credit card to guarantee reservation. If you arrive after 4:00 m and you are not guaranteed for late arrival, you risk losing your reservation.**

Pick-up required at the airport: \_\_\_\_\_

Time of arrival: \_\_\_\_\_