

**ELINNANDA ENTERPRISE INC.
HOLIDAY APARTMENTS
REGISTRATION FORM**

Caricom National

International Guest

Name: _____

Date: ____/____/____

Address: _____

Tel: (____) _____ Alt. #: (____) _____ Email: _____

Emergency contact: _____ **Relationship:** _____

Tel: (____) _____ Alt # (____) _____

Arrival Date: ____/____/____

Departure Date: ____/____/____

How many guests are checking in? _____

Room Type: Single Double

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

How many children? _____ Ages of the children _____

Do you need baby sitting service? Yes No Morning Evening
Do you need meals prepared? Yes No Breakfast Lunch Dinner

Payment type: Visa Master Card Discover Amex Diners

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Exp date ____/____

I agree to assume responsibility for all cost incurred during my stay at Elinnanda Enterprise Inc. Any items removed from the premises will be charged to my account.

Signature

How did you learn about ELINNANDA ESTATES?

Internet Friend Travel Agent Other

Thank you for choosing ELINNANDA ESTATES.
Have an enjoyable stay!