

HOTEL RESERVATIONS FORM

Name: _____ Date: _____
Phone No. (H) _____ (W) _____
Fax No. _____ E-mail Address: _____

Date of arrival: _____

Airline and flight: _____

Time of arrival: _____

Date of departure: _____

Airline and flight: _____

Time of departure: _____

Smoking Room _____ Yes _____ No

Assign me a double room _____ Yes _____ No

I would like a single room _____ Yes _____ No

Directions: Use the form above to write 8 questions you would ask if you were a booking a hotel room for a customer.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____