



## FRIENDS OF ELIZABETH II GUEST HOUSE RESERVATION REQUEST

Date \_\_\_\_\_

Individual Making Request: \_\_\_\_\_ Tax ID of Org. \_\_\_\_\_

Sponsoring Organization/Group: \_\_\_\_\_

Billing/Contact Address: \_\_\_\_\_

Contact Person (if different than person making request): \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact Email \_\_\_\_\_

Responsible Party for Payment \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

# of Standard Rooms \_\_\_\_\_ # of Efficiency Units \_\_\_\_\_  
(BASED ON AVAILABILITY – ONLY 2 UNITS)

# of Males \_\_\_\_\_ # of Females \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children (Under the age of 18) \_\_\_\_\_

Special Request or Needs (Handicapped, Level Request, etc.) \_\_\_\_\_

Linens/Towels: (extra fees apply) Please indicate below.

Linens/Towels will be requested. – YES / NO Bed making service. - YES / NO

Comments/Notes \_\_\_\_\_

**NOTE: ONCE RESERVATION IS CONFIRMED, A RENTAL AGREEMENT/CONDITIONS OF RESIDENCY WILL BE SENT, FOR APPROVAL AND SIGNATURE. PAYMENT IS EXPECTED AT LEAST 3 DAYS PRIOR TO CHECK-IN, UNLESS PRIOR ARRANGEMENTS ARE MADE.**  
**FOR OTHER PAYMENT ARRANGEMENTS, PLEASE CONTACT DEBBIE BIDEAUX AT 252-473-3524.**

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**FOR OFFICE USE:**

Confirmation Date: \_\_\_\_\_ Agreement Recvd: \_\_\_\_\_

Linens/Towels: Yes / No Number of Sets: \_\_\_\_\_ Bedmaking: Yes / No Change Out: Yes / No

Deposit: \_\_\_\_\_ Payment: \_\_\_\_\_