Reservation Form

FAX TO: +1 (242) 327-7040

RESERVATION INFORMATION

ROOM (check room category) ☐ Garden View ☐ Island View ☐ Ocean View ☐ Suite

ROOMS BOOKED (enter numbers) ☐ Garden View ☐ Island View ☐ Ocean View ☐ Suite

CHECK-IN DATE (day / month / year) | CHECK-OUT DATE (day / month / year)

FLIGHT INFO (if available) | AIRPORT PICKUP REQUESTED ☐ YES ☐ NO

CREDIT CARD INFORMATION

NAME ON CREDIT CARD (first / middle / last)

TYPE OF CREDIT CARD (check one only) ☐ Mastercard ☐ Visa ☐ AMEX

CREDIT CARD NUMBER

EXPIRATION DATE (month / year)

CARDHOLDER'S STREET ADDRESS

CITY | STATE | ZIP

HOME TELEPHONE (area code + number)

EMAIL ADDRESS

AGREEMENT

I hereby authorize A STONE'S THROW AWAY LTD., to charge to my credit card indicated above a deposit to confirm my reservation. For each room reserved, the deposit shall be equal to the price of the room for one (1) night plus 6% Government Tax. The deposit will be charged to my credit card at the time I make my reservation. Should I need to cancel my reservation, my deposit will be refunded less a $35 processing fee provided that I cancel my reservation at least 14 days prior to the Check-in Date mentioned above.

CARDHOLDER'S SIGNATURE

DATE (day / month / year)

STONE'S THROW AWAY

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