SEASIDE RESIDENZ HOTEL

★★★★

COST COVERAGE CONFIRMATION

PLEASE COMPLETE IN CAPITAL LETTERS

Reservation number: _____

Guest name(s): _____

Arrival date: _____

Departure date: _____

Billing address: _____

_____

_____

We hereby confirm cost coverage for the following items:

O Accommodation / Room charges
O Accommodation tax
O Breakfast
O Parking fees
O Minibar
O Other: _____

(Please tick as applicable)

NAME IN BLOCK CAPITALS

STAMP / SIGNATURE / DATE

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