# *Edenwald Guest Room Reservation Form*

Today's Date: _____     Resident Name & Apt#: _____

Guest Name: _____

Guest Phone: _____     or e-mail: _____

Requested guest room dates:

**Check-In Date _____**     **Check-Out Date _____**     **Nights Staying = _____**
**(At/After 3:00 PM)**                        **(Before/At 11:00 AM)**

Resident will pay (initial): _____     Guest will pay: _____

Circle requested room or any available:     **208     210     705     Any Available**

**New Rate as of 01/01/2024** - **($115 charged per night)**

Payments accepted: the charge can be put on the <u>resident's monthly account</u> or paid by <u>check</u>.

**If paying by check please put the <u>resident's name and room number on the check.</u>**

Cash and Credit Cards are not accepted.

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**<u>Office Use Only</u>**

**Date returned to the requester: _____**

**Confirmation:   Yes   No     Confirmation#: _____**

**Request processed by: _____**

*PLEASE NOTE: YOU MUST RECEIVE A ROOM CONFIRMATION # TO SECURE YOUR ROOM*

*(SIMPLY SUBMITTING A REQUEST DOES NOT GUARANTEE YOUR RESERVATION)*

*Edenwald reserves the right to change the Guest Room you have rented to best accommodate all requests.*
*Thank you for your understanding.*

01/01/2024 Version