ACCOMMODATION BOOKING FORM





Guest Details		
Title: Surname:	Surname: First Name:	
Title: Surname:	Surname: First Name:	
No of Adults in Room: No of Children (Under 13yrs):		
Address:		
P/code:		
Phone:Mobile:		
Fax: E-mail*:		
*An email will be sent to confirm bookings, please ensure email address is <u>legible.</u>		
Room Requirements Auritual Dates		
Arrival Date: Departure Date: ROOM TYPE (please select)		
Deluxe Twin Room (2 x Double Beds)	No. of rooms required:	
☐ Deluxe Studio Room (1 x King Bed)	No. of rooms required:	
ROOM RATE		
\$120.00 per room per night – Accommodation Only \$140.00 per room per night – Inclusive of full breakfast for one person		
\$140.00 per room per night – Inclusive of full breakfast for two people		
(Accommodation based on single, double or twin share occupant	y)	
*Please add a 3 rd adult in my room	□ \$30.00per night	Rollaway bed required? YES/ NO
*Please add breakfast for the 3 rd adult in my room for an additional *Please upgrade my room to an Ocean View for an additional	\$20.00per night\$35.00per night	
*Please upgrade my room to a Spa Suite for an additional	\$60.00per night	
Booking Confirmation –		
☐ Credit card - Please provide details below. Reservation cannot be confirmed without method of payment. Your card will be charged automatically		
14 days prior to arrival for the balance. If you elect to pay your account by credit card a processing fee will be charged.		
☐ Bank Deposit - Payment is to be made into the Mantra Legends Hotel bank account within 48 hours of receiving your confirmation letter. Bank details will be supplied on request. Remittance notice should be sent to Mantra Legends Hotel at time payment is made.		
☐ Cheque deposit - Equal to your first night's accommodation and must be received 14 days prior to the stated arrival date. Cheques are to be		
made payable to Legends Hotel.		
☐ Third Party Credit Card - If a third party is to pay for your accommodation the credit card holder is required to complete the section below, giving their authorization along with a <u>legible photocopy of the front and back of the card</u> to verify the card holder's signature.		
Credit Card #: Credit		Expiry Date: U U / U
I, (card holder's name):, authorise Mantra Legends Hotel to charge the booking cost as selected above to my credit card, details as above.		
Card Holder's Signature:		
Accommodation Cancellation:		OFFICE USE ONLY
* Cancellations made up to 14 days prior to arrival incur a loss of \$200.00 deposit possible in the second prior to arrival incur a loss of \$200.00.	aid per room, or the total booking	
Cancellations made within 14 days prior to arrival are subject to a 100% cancellatio No shows and cancellations after check in - will be subject to a 100% cancellation fe		Confirmation Date: Confirmed by:
are dissatisfied with any aspect of their accommodation & decide to terminate their		Group:
if any is at the discretion of the property management.		

For any queries regarding booking form please call 07 5588 7888