



We operate a strict no smoking policy in all our bedrooms and public areas

La Villette Hotel & Leisure Suite Guernsey Channel Islands Tariff 2017

RESERVATION FORM

Name (Mr / Mrs / Miss)

Initials

Age if under 12 yrs

Number of Nights: _____

Arriving on (date): _____ Time: _____ Leaving on (date): _____ Time: _____

Travelling from: _____ Sea/Air Make & Model of car: _____ Reg No. _____

Hire Car required: Yes /No Date (from) _____ to _____ Air _____ Flight No _____

Time (from) _____ to _____ Dock _____ Hotel _____

Room requirements (all rooms En Suite)

Single Bath/Overhead Shower **OR** Walk-in Shower Double Bath/Overhead Shower **OR** Walk-in Shower

Twin Bath/Overhead Shower **OR** Walk-in Shower

Family Bath/Overhead Shower

Double room with adjoining Single room

A Deposit of one nights stay (room rate) is required. Total deposit enclosed £ _____

Signature _____ Date _____

Address _____

_____ Tel No (home) _____

_____ Tel No (business) _____