

Killarney Bay Inn – Reservations

Today's Date: _____

Name: _____

Address: _____

Telephone:

City: _____

Home: _____

Prov.: _____

Bus.: _____

Postal Code: _____

Fax #: _____

Date of Arrival: _____

Time: _____

Departure Date: _____

Number of Nights: _____

Number in Party: _____

Type of Unit Required: _____

Special Requirements: _____

To be filled in by reception:

Rate: _____

Deposit Required: \$ _____

Credit Card Type: _____

Number: _____

Expiry Date: _____

Or Cheque: _____

Deposit Received: Date: _____

Amount: _____