

Reservations Form for Friends & Families of CHR Staffs

All rates provided are nett.

Staff's Information

Name: _____ ID. No: _____
 Position: _____ Dept.: _____
 Hotel: _____ Date of Employment: __/__/__

Signed _____ (Staff)
 (.....)
 Date: __/__/__

Hotel Requested: _____
 Booking Reference Number: _____
 (from <https://www.centarahotelsresorts.com/b2b/friend-and-family>)

Guest's Full Name:
 Guest 1: _____ Relationship: _____
 Guest 2: _____ Relationship: _____
 Guest 3: _____ Relationship: _____
 Guest 4: _____ Relationship: _____

Period of Staying: Check in :Date __/__/Year ____	Check out :Date __/__/Year ____
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No. of room requested : ____ room(s) ____ night(s)
**maximum 2 rooms per booking*

No. of person in the Trip: (Maximum 4 persons per room ; 2 adults and 2 children under 12 years old.)	Adult : ____ persons Children : ____ persons
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Authorized _____
 Signature
 Position _____
 Date: __/__/__

Remarks: - Form must be signed by an immediate manager or department head for approval.
 - For proper record & check. Guest(s) must present this form with an authorized signature upon his/her check-in.