

Accommodation Application Form

NAME 1	family name	given name
NAME 2	family name	given name
NATIONALITY		
SEX	male / female	
ARRIVAL DATE	August ____ , 2014	
DEPARTURE DATE	August ____ , 2014	
SMOKING	smoking / non-smoking *We might not be able to live up to your requirement.	
PAYMENT OPTION	Credit Card / Bank Transfer	
E-mail		
Remarks		
*If you have any questions, or special requests, please let us know.		