



Room Reservation Request Form

Please reserve ____ Deluxe / ____ Super Deluxe / ____ Deluxe Family Suite for following guests for ____ days. Check-In Date _____ Check-Out Date _____
Occupancy _____ single or double, extra bed _____

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*The following room tariff per day is acceptable to me:

- | | | |
|-----------------------------|------------------------|-----------------|
| | <u>Old Wing</u> | |
| a. Deluxe Room Rent | - | @ 1250/-per day |
| b. Extra Bed | - | @ 200/- per day |
| c. Temporary Membership Fee | - | @ 50/- per day |
| | <u>New Wing</u> | |
| a. Super Deluxe Room Rent | - | @ 2100/-per day |
| b. Deluxe Family Suite Rent | - | @ 2450/-per day |
| c. Extra Bed | - | @ 200/-per day |
| d. Temporary Membership Fee | - | @ 50/- per day |

Check-Out Time 11:00 a.m. and Check-In Time 12:00 noon

- Please Note: 1. *Tariff and Taxes as applicable at the time of occupying the room shall be charged.
2. Room Tariff equivalent to the No. of Days booking is made for, shall be deposited as advance.
3. For a NO SHOW:- One day retention will be charged.

Cancellation Policy:

1. Within 24Hours : 1 Day Room Rent for every cancelled room respectively.
2. 24 Hours to 7 Days: 50% of Room Rent for every cancelled room respectively.
3. Before 7 Days : No deduction to be made.

*A sum of Rs. _____ is being deposited by me towards this booking, for which receipt may be issued.

UNDERTAKING

1. I shall be personally responsible for the conduct of my guests occupying the Cottage / Guest rooms and I agree to settle the losses to the Club in manner i.e. breakages, damage to the place, lawn etc. I will ensure that the rooms or nearby places are not used for cooking or heating beverages.
2. Further, I assure you that the above Cottage / Guest Rooms shall be used exclusively for staying purposes. For any undesirable acts etc of my guests, I shall be personally responsible.
3. The keys of the above Rooms shall be handed over by my guests, with clearance in all respects, before vacating the rooms.
4. I take full responsibility of clearing the bill generated, due to the occupancy of Cottage / Guest rooms at the time of Check-Out as mentioned under.

Payment by : GUEST HOST (Please tick the choice)

Telephone Number

Particulars	Mobile No.
Member	
Guest	

Yours Faithfully,

Yours Faithfully,

Signature of Guest

Signature of Member

NAME IN CAPITAL LETTERS

Membership No. _____