



Register of Guests

HOME FARMHOUSE/PARLOUR COTTAGE

GROUP LEADER: **DATE OF STAY:**

TOTAL NUMBER OF GUESTS STAYING AT HOME FARMHOUSE

PARLOUR COTTAGE:

Please list the names of all guests over the age of 16.

<u>Name</u>	<u>Name</u>



GUEST INFORMATION

Check In

You will be met at Home Farmhouse by a representative

Please advise your anticipated arrival time: _____

Check Out

Please leave by 10.30am which is when the cleaners will be in the house

Please ensure all windows, doors are closed and the heating/hot water have been switched off (in washroom above washing machine).

Additional Items

Do you require the Z bed? Yes / No
If yes, please advise which room you would like the bed placed * Rm _____

Do you require the travel cot? Yes / No
If yes, please advise which room(s) you would like these placed * Rm _____

Please remember to bring you own cot bedding.

Do you require the highchair in the dining room? Yes / No

Group Leader Details:

Name:

Address:

.....

Postcode:

Tel. No:

Email:

Signature: Date:

Where did you see HOME FARMHOUSE advertised?