

Cypress Cove Lodge



Reservation Form

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Num. of nights _____ No. of Rooms _____ No. of People per room _____

ROOM TYPE:

Double (2 full size beds) \$99.00tax*

Suite (2 full size beds and kitchenette) \$135.00tax*

Non-Smoking Smoking

NAME: _____

COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ FAX: _____

Please complete entire form and fax back to:

(985) 534-7797

Cypress Cove Lodge, LLC - 235 Cypress Cove Rd. - Venice, LA 70091

Reservations: (985) 534-7777 - 1-888-534-7777

↓ TO BE COMPLETED BY GUEST ONLY ↓

CREDIT CARD#: _____ EX. _____

PLEASE CIRCLE ONE: VISA MASTERCARD AMEX DISCOVER

Attention Guest:

- Check in : 4:00pm Check out: 12:00pm
- Full payment for each room reserved for one night, plus 7% sales tax will be charged to your credit card if reservations are not cancelled prior to 36 hours in advance. If reservations are cancelled prior to 36 hours a \$5.00 fee with tax will be charged to the credit card.
- We DO NOT allow pets in our facility.

** If more than 2 people are staying in a room, the room rate goes up \$10.00 per extra person, per nightly stay.*

I, (cardholder name) _____ authorize Cypress Cove Lodge, LLC to charge the above mentioned credit card for _____ night(s) room in the amount of _____ (plus applicable taxes). I understand that my credit card will be additionally charged (as above detailed) in the event of a late cancellation. Form must be completed and signed to guarantee reservation.

Cardholders Signature: _____ Date: _____

Reservation entered by: _____