

Ambassador Condominium Association

Guest Room Reservation

Important:

Confirmation of reservation is NOT guaranteed until this form is completed and returned to the box on the Office door. Your reservation is secured when the Manager has highlighted and initialed your unit number on the Guest Room Calendar. Upon departure all key(s) and fob(s) must be returned to the Guest Room Mailbox. **Building Manager must be notified of any cancellation by calling 503-334-2198.**

Today's Date _____

_____ Name of
resident making request Unit # Resident's Contact Telephone

Number of Guest(s) _____ Name(s) of Guest(s) _____

Address _____

Emergency Contact Telephone of Guest# _____

ROOM RATE: Each night: \$50.00

RESERVATION REQUEST:

Arrival Date: _____ (check in time 4:00pm)

Departure Date: _____ (check out time 11:00am)

TOTAL number of nights (maximum 7) _____

TOTAL for this reservation is \$ _____

Method of payment (please check one):

_____ Resident/Guest will pay by check upon departure

Make checks payable to: The Ambassador Condominium Association

_____ Bill the owner in the next regular Assessment billing

ξ Reservations must be canceled within 24 hours of date of arrival in order to avoid a \$50.00 charge for the first night.

ξ Unit owner will be held responsible for any damage or for the cost of replacement of any items missing from the guest room.

*** Additional Fees Assessed on this Reservation:**

_____ Lost or non-return of key(s) and/or security fob and/or card \$85.00

_____ Smoking in room violation/fine \$100.00

_____ Pet in room violation/fine \$100.00

