

Reservation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Telephone: _____ Eve Tele: _____

E-Mail: _____ @ _____

Fax : _____

Date of Arrival: _____ Time of Arrival: _____

No. Of Days: _____ Reservation Made By: _____

Member in Party: _____ Adults _____ Children under 12 _____ Total

Accommodation Req. _____ Queen _____ King _____ 2 Bed _____ Cot _____ Crib

Smoking _____ Non Smoking _____

Credit Card Holders Name:

Card # _____ Exp.: _____

Ten-Day cancellation Policy, Cancellation fee imposed.

Card Holder's

Signature: _____

Fax/Mail This Form To

Atlantic Motel

7 Depot Street, E. Wareham, MA 02538

508-295-0210 Ext. 200