



Republic of the Philippines
DON HONORIO VENTURA STATE UNIVERSITY
Villa de Bacolor, Pampanga

Office of Auxiliary Services

GUEST ROOM RESERVATION FORM

Received thru: Personal Phone Letter Date: _____ CONFIRMATION NO.: _____

DATE OF ARRIVAL: _____ DAY OF ARRIVAL: _____ TIME OF ARRIVAL: _____

DEPARTURE DATE: _____ NO. OF NIGHTS: _____ NO. OF PERSON/S: _____

NO. OF ROOMS: _____ ROOM NO/S.: _____ ROOM RATE: _____

MODE OF PAYMENT: _____ DATE OF PAYMENT: _____ O.R. NO.: _____

GUEST NAME: _____ CONTACT NO.: _____

ADDRESS: _____ EMAIL NO.: _____

COMPANY: _____ COMPANY ADDRESS: _____

OTHERS: _____

GUEST SIGNATURE: _____ DATE: _____

RESERVED BY: _____ SIGNATURE: _____ DATE: _____

CONFIRMED BY: _____ SIGNATURE: _____ DATE: _____

Guest's Copy:

GUEST NAME: _____ CONFIRMATION NO.: _____

Reservation details:

DATE OF ARRIVAL: _____ DAY OF ARRIVAL: _____ TIME OF ARRIVAL: _____

DEPARTURE DATE: _____ NO. OF NIGHTS: _____ NO. OF PERSON/S: _____

NO. OF ROOMS: _____ ROOM NO/S.: _____ ROOM RATE: _____

Note: Kindly make payment two (2) days before your arrival.