

# Skaha Lakefront BnB

OK Falls, BC V0H 1R7

## Guest Check-In Form

Name:  Room Name/Number:   
Id Type:  Number:  Check-in:  Check-out:   
Issued By:  Exp.:  Number of Guests:  (Adults)  (Minor)

Address:  Emergency Contact:   
 Phone:  Relation:

City:  Prov./State:

Postal/Zip Code:  Country:

Phone:  Vehicle Make/Model:

email:  License Plate:  Issued By:

Additional Guests:

Special Requests/Notes:

### **Acknowledgments (Check to Confirm):**

- ☐ I have reviewed and accepted the House Rules and Waiver.
- ☐ I understand early check-in may incur an extra charge.
- ☐ Towels/housekeeping are available for an extra fee.
- ☐ I've read and understood all safety guidelines.
- ☐ I am responsible for my group's behavior.

Name:

Date:

**Sign.:**