

Travel Booking Form

Toccoa River Cabin

1740 Fish Trap Trail, Mineral Bluff, GA 30559 800-330-1343 PHONE 407-856-2991 FAX

To: _____ Fax: _____

Name/Company: _____ Today's Date: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

RESERVATION NAME(s): _____

Mailing Address: _____

CREDIT CARD INFORMATION ***** (Required) *****

Card Holder's Name: _____

Card Number: _____ Exp Date: _____ CCV #: _____

CC Billing Address: _____

CHECK-IN INFORMATION

1st Choice:

Check In Date: _____ Check Out Date: _____ # of Nights _____

2nd Choice:

Check In Date: _____ Check Out Date: _____ # of Nights _____

Adults _____ # Children _____

Notes: _____

This is to confirm that I understand & agree to the \$125.00 cleaning fee, 10% tax fee, and \$300.00 deposit. The deposit is refundable if there are no damages and once the keys are returned.

RESERVATION POLICY: I understand that by signing this form I am in agreement that:

1. Reservations are non-cancellable, non-changeable & non-refundable.
2. I am responsible for taxes, gratuities, service charges and incidentals charged by individual properties.

Signature _____ Date _____

Please confirm and fax back to: **407-856-2991**

Confirmation Number: _____ Rate: _____ By: _____