

Dos Angeles Del Mar Reservations

Welcome to Dos Angeles del Mar reservations page.
Complete the following form and send it to us by fax 917 210-3026

Last Name: _____

First Name: _____

Address: _____

City: _____

Country/State: _____ Zip: _____

Email: _____

Day Phone: _____ Fax: _____

Work Phone: _____ Cell Phone: _____

Time of Arrival: _____

Check in Date: _____

Check out Date: _____ # of Nights: _____

Room type: (circle) **Honeymoon Suite** **Family Suite**

Surfari Room **Garden Room**

Number of Guests: _____

Special Requests
or Comments:

Last Name/
First Name.

Credit Card Type: (circle) **Visa** **Master Card**

Credit Card # . _____ Exp. Date: _____ MM/YY

Cancellation Policy:

Your deposit is fully refundable given 10 or more days notice prior to arrival date.

Damage/Cleaning Surcharge:

A surcharge will be billed for any cleaning or damage repair beyond normal wear and tear use. Because smoking is prohibited, there will be a \$200 cleaning charge for any evidence of smoking in the room.

Signature: _____ Date: _____

for office use only

_____ nightly rate

_____ # of nights

subtotal

9 % room tax

grand total

deposit

balance