



# The Moorings Realty Sales Co.

## REQUEST FOR RESERVATIONS

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARRIVAL \_\_\_\_\_ DEPARTURE \_\_\_\_\_

AREA PREFERRED \_\_\_\_\_ PREVIOUSLY RENTED \_\_\_\_\_

NO. OF BEDROOMS \_\_\_\_\_ MASTER BR: King Queen Twins No preference  
2ND BR: King Queen Twins No preference

VIEW: Ocean River Not Important PETS: Yes No

STAIRS: Ok No SMOKER: Yes No

PRICE RANGE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

MEMBERSHIP: FULL \_\_\_\_\_ GOLF \_\_\_\_\_ TENNIS \_\_\_\_\_ SOCIAL \_\_\_\_\_ NONE \_\_\_\_\_

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*FOR OFFICE USE ONLY*

ACCOMMODATIONS OFFERED	DATES OFFERED	RATE	OWNER CONFIRMED	DATE
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-----	-----	\$	-----	-----
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Reservation # \_\_\_\_\_