

Arbor House Reservation Inquiry Form

Name:

Phone Number:

Email address:

Are you inquiring for someone else?

Number of Guests:

Adults: _____ **Children (With Ages):**

Desired Check-In Date: _____

Desired Check-Out Date: _____

Preferred Room(s): _____

Dietary Restrictions or Allergies (If any): _____

Celebrating a Special Occasion? _____

Which one?

Questions or Comments:
