

Skaha Lakefront Inn

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.: