

gunya maia

a place of rest

Bookings Form

Name: _____ Email: _____

Phone: _____ Mobile: _____

Home Address: _____

Proposed Check In: ____ / ____ / ____ Proposed Check Out: ____ / ____ / ____

Total Number of Occupants: _____ (please list full names and ages of occupants)

Occupant 1: _____ Age: _____

Occupant 2: _____ Age: _____

Occupant 3: _____ Age: _____

Occupant 4: _____ Age: _____

Occupant 5: _____ Age: _____

Occupant 6: _____ Age: _____

Occupant 7: _____ Age: _____

Occupant 8: _____ Age: _____

How you Found our Website: Search Engine Website (Other) Guest Referral

Advertisement/Brochure Other _____

Questions or Comments: _____

If you have any further enquiries please phone Cheryl or David Neilsen on 0428 884 617.

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