



REGISTRATION CARD

PAX:

ROOM:

SURNAME

FIRST NAME

MOBILE PHONE No

E-mail:

I agree to receive news, promotional emails & satisfaction surveys from The Island Hotel.

- I agree to release my room on my departure day till 11:00.
- I agree to compensate the hotel for any damages caused.
- The hotel is not responsible for any valuables left in the guest room and luggage room.

ARRIVAL
DATE

DEPARTURE
DATE

SIGNATURE