## **Tiverton Almshouse Trust**



## **GUEST ROOM BOOKING FORM**

GUEST NAME(S)	1:	2:	
(Max 2 people)			
Address			
Telephone number			
Email address			
			_
Resident name			
Address			
Dates of stay		No of nights	
Total amount due £30 per night		l	
	ring Resident:g Manager:		
Once the completed payment can then to		ve will contact y	ou to confirm room availability an
Unity Trust Bank Sort Code: Account No: Account Name: <b>Quoting reference:</b> Greenway Gardens	60-83-01 20238166 Tiverton Almshouse Trust 'Guest Room JGC' for Joh	n Greenway Clo	ese or 'Guest Room GG' for
For Office use only:	In calendar?	Payment received & date	Confirmation sent