

**Reservation** Room TYPE subject to availability

# LLOYD'S INN

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Name of person booking:

Company Name (if applicable):

Telephone:

Fax:

Email:

Name of Guest(s):

Number of Adults:

Number of Children:  0-12 yrs

Check-in Time :

Check-in (dd/mm/yy):

AM  PM

Check-out (dd/mm/yy):

Special Instruction :

For reservation for 3 OR MORE rooms or CHECK IN AFTER 8 PM, advance payment or Credit Card guarantee for 1 night per room is required. Please print the following [Guarantee Form](#) and fax to us.