



Client Reservation Information

Date _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Spouse's Name _____

Day Phone _____ Night Phone _____ Cell _____

E-mail address _____

Names of any other persons staying with you _____

Dates you are requesting -

Arrival Date _____ Departure Date _____

Alternate Arrival Date _____ Alternate Departure Date _____

Method of Payment - [] cash [] check [] other (specify) _____

Would like us to make arrangements for a rental car? Yes No
(We will contact you regarding your preferences regarding a rental car should you answer yes.)

Would like us to stock the pantry for your arrival? Yes No
(We will contact you for a shopping list should you answer yes.)

Please list below any other special concerns or requirements that you would like us to address concerning your stay at Almond Garden:

For more information, rates & availability contact:

Marge Abel, 114 N Lime St, Quarryville PA 17566

(717) 786-1990 voice • (717) 475-2457 cell

www.almondgardennevis.com