

**PORT HAVEN**

**BOOKING REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BOOKING INFORMATION** | | | | | |
| Booking Organiser | |  | | | |
| Booking Organisation | |  | | | |
| Guest Name | |  | | | |
| Guest Date of Birth | |  | | | |
| Guest Mobile Number | |  | | | |
| Arrival Date | |  | | | |
| Departure Date | |  | | | |
| Email Address for Invoice | |  | | | |
| Supervisor Name | |  | | | |
| Supervisor Mobile Number | |  | | | |
| **Select Room Rate** | | | | | |
|  | Rate 8: Free use (excl. meals)  TOPH and Non-For-Profit Only | | |  | Rate 9: $80.84 per night (excl. meals) Emergency Services Only |
|  | Rate 7: $140.08 per night excl. meals | | |  | Rate 11: $174.26 per night (incl. meals) |
| **Payment Option** | | | | | |
|  | Credit Card – Complete Below | | |  | Purchase Order - must have an approved account with ESS. |
| Credit Card Type | | |  | | |
| Card Number | | |  | | |
| Expiry Date | | |  | | |
| Card Holder Name | | |  | | |
| Cardholders Signature | | |  | | |
| Cardholders Phone Number | | |  | | |
| Approved Amount | | |  | | |

**Return completed form to bookings@porthedland.wa.gov.au**

**PLEASE NOTE**

Port Have will not accept bookings with less than 8 days’ notice

All invoices will be generated by Port Haven and sent to the advised email address.

Check in time is after 2pm and Check out time is by 10am

Please drop key at reception on departure. If key is not returned Port Haven daily charges will continue until key is returned.

24 hours’ notice for cancellation must be given to avoid charges. All guest name amendments are considered a new booking and 8 days’ notice must be provided.

Bookings made through Town of Port Hedland are unable to utilise the Port Haven Tavern.