

**PORT HAVEN**

**BOOKING REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BOOKING INFORMATION** | | | | | |
| **Booking Organiser** | |  | | | |
| **Booking Organisation** | |  | | | |
| **Guest Name** | |  | | | |
| **Guest DOB** | |  | | | |
| **Guest Mobile Number** | |  | | | |
| **Arrival Date** | |  | | | |
| **Departure Date** | |  | | | |
| **Supervisor Name** | |  | | | |
| **Supervisor Mobile Number** | |  | | | |
| **Email Address for Invoice** | |  | | | |
| **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 30 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.**

**More than 24 hours cancellation/amendment must be given to avoid charges.**

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