



Taupo Motor Cycle Club
ACCOMMODATION REGISTRATION FORM

PERSONAL DETAILS (please print or type)

Company _____

Surname _____ First Name _____

Accompanying Person _____ First Name _____

Postal Address _____ City _____

Phone (_____) _____ Fax (_____) _____

Email: _____ Dietary Requirements _____

Room Type	Room Rate	Date Arrive	Date Depart	No. Adults	No. Children	Special Requests
Single	\$145.00					
Double	\$145.00					
Twin	\$145.00					
Triple	\$170.00					

RESERVATIONS ARE TAKEN ON A FIRST COME, FIRST SERVED BASIS

Room types are allocated according to bedding requirements. We are unable to guarantee any specific area of the resort.

- Rates quoted are per room per night in \$NZD and include 12.5% GST
- Room rate covers up to two adults sharing existing bedding
- Third adult charge additional \$25 per night
- Children 12 years or under sharing existing bedding no extra charge
- **A credit card number, purchase order or Credit Card Authorisation (per below) will be required within 30 days of receiving your confirmation. Reservations not secured by credit card details or purchase order will be released 30 days prior to arrival**
- Cheque payment will only be accepted if received at least seven working days prior to arrival. Cheque payments will not be accepted on arrival or departure.
- Cancellation within 14 Days of arrival will incur a charge of the first night's accommodation per room
- Guaranteed check in time is from 2:00pm. Check out time is 10:00am.
- Breakfast at \$22.50 per person
- **Dinner bookings are essential in either restaurants and have to be made in advance.**

Subject to availability.

Fairways Restaurant: chef's choice Buffet at \$35.00 per person

Pavilion Restaurant: a la carte or set menu at \$55.00 per person

PLEASE SEND COMPLETED REGISTRATION FORMS TO:

Reservations Department, WAIRAKEI RESORT, Private Bag 2006, TAUPO

Phone: 07 374 8021, Fax 07 3748485, Email: stay@wairakei.co.nz

CREDIT CARD (Tick One) Card Holder Name: _____

American Express

Credit Card Number: _____

- MasterCard
- Visa
- Diners Club

Card Holder signature _____ Expiry Date: _____

I _____ hereby authorise for my method of credit card payment outlined above to be charged for the below mentioned hotel services:

All Charges	<input type="checkbox"/>	Room Only	<input type="checkbox"/>	Room & Breakfast	<input type="checkbox"/>
Room, Dinner & Breakfast	<input type="checkbox"/>			Room & Meals	<input type="checkbox"/>
Other (please specify) _____					