

## WATSONS BAY BOUTIQUE HOTEL

## GENERAL RESERVATIONS BOOKING FORM

Contact Name:	
Company (if applicable):	
Tel:	Email:
Date of Booking:	Time:
No of Guests:	Occasion:
☐ I have read and understand the Terms and Conditions document.	
Signed:	Date:
Please complete booking form and return to gretta@watsonsbayhotel.com.au	