



Copper Cliff Lodge

BOOKING REQUEST FORM

(This booking request form allows us to check availability for the day(s) you would like to stay prior to confirming your reservation)

Please note that your reservation will not be confirmed until we have checked availability for the date(s) you would like and have obtained a valid credit card number to hold your reservation. (We are not accepting credit cards numbers on our website at this time) We would be pleased to obtain your credit card number either by telephone or you can fax it to us, which ever you feel most comfortable with.

To request a booking we offer you 3 choices:

- 1) Online booking form. Please visit our website at <http://www.coppercliff.com>
Your information will be emailed to us and we will check availability for your request(s) and contact you either by telephone, or via email with your reservation confirmation and ask how we may obtain your valid credit card number.
- 2) You can download an attached .PDF file, complete the Booking Request Form and fax it to us - our fax # is (807) 964-1658. We will acknowledge receipt of your fax and contact you by telephone with your reservation confirmation and ask how we may obtain your valid credit card number.
- 3) We also have a webpage that can be printed out and completed. Please visit our website at <http://www.coppercliff.com> to view the booking request webpage. You may fax us the form or mail it to us, (please note if you are mailing us your booking request form your intended date(s) of stay with us should not be less an a month away, to allow time for the mail to arrive, and for us to confirm your reservation.

Should you have any questions, or require more detailed information, please do not hesitate to contact us. We would like to welcome you to Copper Cliff Lodge!!

Telephone: (807) 964-1801 / Fax: (807) 964-1658 Email: faybrugger@hotmail.com



Copper Cliff Lodge

BOOKING REQUEST FORM - Date: _____

Name : _____

Street Address : _____

City : _____ Province / State : _____

Country : _____ PC / Zip Code : _____

Phone : _____ Cell Phone : _____

Best time to phone you : Morning Afternoon Evening

Fax # : _____ *Email : _____

Preferred Suite : French Provence Suite Rustic Elegance Suite

Check-in Date : _____ Check-out Date : _____
(Month/Day/Year) (Month/Day/Year)

Number of Guests : _____

Meal Request : Dinner Breakfast

Time you would like your meal(s) served : _____

Allergies to food, special diet, Likes, dislikes.

Type of music you would like played during dinner :

Form of Payment : Visa Mastercard

Credit Card Number: _____

Name of Card Holder: _____

Expiry Date: _____