## JALVAYU VIHAR HOUSE OWNERS WELFARE ASSOCIATION

**2**: 040-23058018, 7680953171

To, The President, JVVHOWA, Kukatpally, Hyderabad – 500085

## **MEMBERS GUEST ROOMS BOOKING APPLICATION**

Dear Sir,				
	sion of		o request booking as per the following details.	of Guest Rooms for my guests or
1.	ADDRESS OF BOOKING PERSON	:		
2.	CONTACT NUMBERS			
3.	NATURE OF OCCASION/FUNCTIO	)N:		
4.	NUMBER OF GUEST ROOMS REC	QUIRED : ONE/TWO	(Tick whichever is required)	
5.	DATE & TIME OF BOOKING	: From Date	From Time	Hrs.
	To Date	To Time	Hrs. TOTAL NO. OF DAYS	
		TERMS AN	ND CONDITIONS	
viii)	Pasting/putting any nails on the of Guest Room's is to be vacated in an additional Charges of Rs 100 exceeds 3 hours, the rentals will In case of guest room booking JVVHOWA OR If the cancellation refunded.  No pet animals are permitted ins No foreign nationals are permitted Furniture/Fixtures/Bed Covers/echarges will be levied by the associated in the cancel of th	walls is prohibited.  In all circumstances with 10/- per hour will be on go into next day.  It cancellation before 70 on is within 72 hours.  It is detined the Jal Vayu Wester. Its provided in the gociation which will be of to cancel any booking.	played, strictly not beyond 10 pm (22) thin one hour of the time booked. For charged. This includes removal of all 72 hours of booking, 50% of the rest of booking, 100% will be retained 7. Withar premises without prior permission guest Room shall not be damaged or	r period of stay beyond one hour Il your personal belongings. If it ntal charges will be retained by . However total deposit will be on. missed. Any missing or Damage
			nditions for Guest rooms usage whi of any terms and conditions will re	
Date	:		Yours Faith	fully,

Recommended/Not Recommended	
Signature	Date:
	Approved/Not Approved
	Signature Date:  President
FOR OFFICE USE ONLY	
Note: Please Do Not Collect the Amount Wi	thout Approval (To be filled immediately after booking)
Booking Amount Collected Rs	Receipt No Date
Deposit Amount Collected Rs	Receipt No Date
Signature of Clerk	Signature of Treasurer
Signature of Clerk  (To be filled after the completion of Event and at	
(To be filled after the completion of Event and at	the time of finalization of Account)
(To be filled after the completion of Event and at  1. Damage Charges if any	the time of finalization of Account)  Rs
(To be filled after the completion of Event and at  1. Damage Charges if any  2. Any other charges	the time of finalization of Account)  Rs
(To be filled after the completion of Event and at  1. Damage Charges if any  2. Any other charges  TOTAL CHARGES	Rs

Signature of Treasurer

Signature of Clerk