Please print the Registration form on your local printer and complete before mailing. Mail the Registration form with your room deposit to:

Sunny's Roost Bed & Breakfast
PO Box 8
Lewiston, NY 14092-0008

Name _____ (please print) ___

Address _____

City _____ State _____ ZIP _____

Phone __(____)_____ Email _____

Employer _____ Work Phone _(____)_____

Work Address _____ City _____State _____ ZIP _____

Number in your group? ___ adults and ___ children (under 12) Any pets? _____

Room Preference (depending on availability) _____ Cot* needed Y or N

* Cot available at extra cost

Food Preferences or Special Diet Information?_____

Expected Date of Arrival _____/_____/_____ Number of Nights _____

Expected Time of Arrival _____ (check in is after 4PM unless prior arrangement)

Method of Payment (U.S. Dollars)

___ Personal Check ___ Money Order ___ Cash ___ Credit Card
check # Mastercard, VISA, Discover,Am-Ex

Deposit amount _____ (equals 1 night's rate) Date mailed ____/_____/_____

How did you hear about Sunny's Roost Bed & Breakfast? _____

Have you stayed at a bed and breakfast before? _____ where? _____

What do you like about staying in a bed and breakfast? _____

_____

OFFICE USE ONLY

Deposit Received On _____/_____/_____ Check Number _____ Deposit Amount _____

Balance Due _____ Room Assigned _____