



REQUEST FOR RESERVATION

Name: _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Please Reserve _____ Room(s) or Apt

For my party of _____ Adults & _____ Children

Cost per room/apt. \$ _____

Will arrive on _____ about _____ a.m., p.m.

Departure Date: _____

DEPOSIT REQUIRED

Rooms and Apartments - 1 Day's Rental
(refund on 72 hours notice)

Deposit Enclosed \$ _____

MOTEL AT THE CORNER OF NINTH AND WESLEY AVE.
P.O. BOX 386, OCEAN CITY, NJ 08226
609.399.2789