



Reservations Request by Fax

Complete all applicable fields, then print this form. Send the form by fax to Bucuti Beach Resort at FAX 297-582-5272, or by postal mail to Bucuti Beach Resort featuring Tara Beach Suites & Spa P.O. Box 1347 Aruba, Dutch Caribbean (Postal mail will delay your reservation by at least 20 days).

This is a : New Reservation Revision Cancellation

Last name: _____ First name: _____

Sharing with: _____

Arrival date: _____ Departure date: _____ No. of nights: _____

No. of adults: _____ No. of children: _____ Have you stayed with us before? Yes No

Room type requested: Superior (2 queen) Superior (1 king) Deluxe (2 queen)
 Junior Suite Bungalow Suite Tara Suite Tara Penthouse

Special requests: _____

Are you celebrating a special occasion? _____

Room Rate: \$ _____ x No. of nights: _____ = \$ _____ + 9.00% tax & AHATA fee = **Total:** \$ _____

Payment Method*: Credit card U.S. Travellers Check Cash

Card Type: Visa MC Amex Discover

Card #: _____ Card Exp Date: _____

Exact name on card (must be same as guest name): _____

Billing address of card: Street address: _____

City: _____ State: _____ Zip/Postcode: _____ Country: _____

Guest phone: Country code: _____ Area code: _____ Phone No.: _____

Guest fax: Country code: _____ Area code: _____ Fax No.: _____

Guest E-mail: _____

* We accept cash, U.S. Travelers Checks, Discover Card, Visa, MasterCard or American Express. Additional services may be charged to the room and paid for at time of checkout when credit card is presented at check-in. Guest name must be identical to name on credit card. Your booking is confirmed when we have received your credit card and signature guaranteeing for late cancellation and no-show fees.

Your credit card must be valid for your booking dates. If you do not have a credit card, we require a check/cash deposit equal to three room nights and tax/service at time of booking. Because we are very strict with our cancellation policy under all circumstances, we highly recommend that you contact your travel professional or insurance agent for travel insurance to protect you in the case it becomes necessary to cancel at the last minute.

MINIMUM NIGHT STAY REQUIREMENT

A minimum stay of 5 nights applies for all bookings, all year except for all arrivals falling on dates: December 22, 2007 through January 3rd, 2008, January 27, 2008 through February 10th, 2008 (Carnival Season), March 16 - 30th, 2008 (Easter weeks), when a minimum stay of 7 nights applies.

CANCELLATION POLICY 2008

Cancellations 14 days or less prior to arrival incur a 100% cancellation penalty for arrivals from January 02 until December 19, 2008. Cancellations 45 days or less prior to arrival incur a 100% penalty for arrivals from December 20, 2008 until January 02, 2009.

By signing this fax form you acknowledge having read and understood the hotel's cancellation policy.

I, (cardholder name) : _____

Authorize Bucuti Beach Resort to charge in case of late cancellation or no-show.

X Guest Signature: _____ Date: _____

OFFICE USE ONLY

Thank you for your reservation, below is your confirmation information:

Confirmation number: _____ Confirmed by: _____