



## ACCOMMODATIONS FORM

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Social Media:  Facebook  Twitter  Instagram

# of Rooms: \_\_\_\_\_ # of people per room: \_\_\_\_\_ Year Built: \_\_\_\_\_

Cancellation Policy: \_\_\_\_\_

Min. Number of Rooms for Group Rate: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**Listing:** Provide a brief description for your business listing

**Amenities** (Check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airport Transportation     | <input type="checkbox"/> Gift Shop              | <input type="checkbox"/> Motorcoach Parking |
| <input type="checkbox"/> Baggage Services           | <input type="checkbox"/> Handicapped Accessible | <input type="checkbox"/> Pet Friendly       |
| <input type="checkbox"/> Bar/Lounge                 | <input type="checkbox"/> Internet Access        | <input type="checkbox"/> Refrigerator       |
| <input type="checkbox"/> Coffee Maker (in room)     | <input type="checkbox"/> Jacuzzi in room        | <input type="checkbox"/> Room Service       |
| <input type="checkbox"/> Dining/Restaurant          | <input type="checkbox"/> Laundry Services       | <input type="checkbox"/> Smoking rooms      |
| <input type="checkbox"/> Free Continental Breakfast | <input type="checkbox"/> Meeting Facilities     |   |
| <input type="checkbox"/> Fitness Room               | <input type="checkbox"/> Microwave              |   |

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