

# mount view hotel

## GROUP INQUIRY FORM

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

# of Rooms Requested: \_\_\_\_\_

Type of Group: \_\_\_\_\_

Group Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

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**INQUIRY INFORMATION (INTERNAL)**

Date of Inquiry: \_\_\_\_\_

Mount View Hotel Representative: \_\_\_\_\_

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