



AGRI-TOURISM DEPARTMENT
 Brgy. Tungkong Mangga
 San Jose Del Monte, Bulacan
 Tel. Nos.: 775-0454
 CP: 09108115475/ 09996700348
www.saliknetafarm.com.ph

ACCOMMODATION FORM

Reservation Date: (Start) _____ (End) _____

School/Company Name: _____

Name of Contact Person: _____ Tel. Nos: _____

Purpose of Activity: _____

Total No. of Guests: _____ Male: _____ Female: _____

NAMES:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 11. _____ | 21. _____ |
| 2. _____ | 12. _____ | 22. _____ |
| 3. _____ | 13. _____ | 23. _____ |
| 4. _____ | 14. _____ | 24. _____ |
| 5. _____ | 15. _____ | 25. _____ |
| 6. _____ | 16. _____ | 26. _____ |
| 7. _____ | 17. _____ | 27. _____ |
| 8. _____ | 18. _____ | 28. _____ |
| 9. _____ | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

Food Service Type: Plated Buffet Catering min. 60 pax @ 750.00/head

MEALS:

AM Snack Lunch PM Snack Dinner

AMENITIES:

- | | | |
|--|--|---------------------------------------|
| <input type="radio"/> MAIN DORM | <input type="radio"/> COTTAGE | <input type="radio"/> SWIMMING POOL |
| <input type="radio"/> AGRIVET DORM | <input type="radio"/> COTTAGE w/comfort room | <input type="radio"/> CONFERENCE ROOM |
| <input type="radio"/> AGRIVENTURE DORM | <input type="radio"/> FLOATING HOUSE | |

Note: Include use of one of the Pavilion, Multipurpose and Floating Cottage.

❖ Strictly 30% reservation fee is required.

Other Request/s:

Person responsible for reservation:

Assessed By:

Noted By:

(Signature over Printed Name)

(Signature over Printed Name)

Date

(Signature over Printed Name)

Approved by: _____
(Signature over Printed Name)

Date