

TO: Open Package FROM: Reservations Department Howie

rkowi. Reservations Department nowie	PrintDate: 06/12/2023		
	New Reservations		
Sales Id Number:	4		
Booking Id Number:		 	
Room/Suite/Home Type:			
Arrival Date:	4	206776	
Departure Date:			
Last Name Primary Occupant:			
First Name Primary Occupant:			
Nights:			
Number in Party:			
Date of Birth1:			
Date of Birth2:			
Number of Adults:	4		
Number of Children:			
Tour Yes/No:			
Requested Tour Date:	4		
Requested Tour Time:			
,	213 old colony rd, Richmond Hill		
Primary State:	4		
Primary Zipcode/Postal:	4		
	(647) 204-7195		
Home Phone:	0		
	alexlachine@yahoo.ca		
Email Address Secondary:			
Marital Status:			
Occupation Primary Occupant:			
Occupation Secondary Occupant:			
Age Primary Occupant:			
Age Secondary Occupant:	4		
	\$ 40,000		
Has Major Credit Card:			
Is Homeowner:	No		
Promo Name:			
Client Hotel Cost:			
Client Hotel Price:			
A 1 1 1 1 1	New Reservations		
Sales Id Number:			
Booking Id Number:		 	
Room/Suite/Home Type:			
Arrival Date:	1	206223	
Departure Date:			
Last Name Primary Occupant:			
First Name Primary Occupant:			
Nights:			
Number in Party:			
Date of Birth1:	08/24/1969		

Date of Birth2:			
Number of Adults:	4		
Number of Children:	4		
Tour Yes/No:	No		
Requested Tour Date:	07/24/2023		
Requested Tour Time:	11:30 AM		
Primary Address:	5624 Charter Oak Dr, Chesterfield		
Primary State:	VA		
Primary Zipcode/Postal:	23832		
Mobile Phone:	(804) 647-3732		
Home Phone:	() -		
Email Address Primary:	sheron9999@comcast.net		
Email Address Secondary:			
Marital Status:	S - Single		
Occupation Primary Occupant:	Employed		
Occupation Secondary Occupant:	Employed		
Age Primary Occupant:	52		
Age Secondary Occupant:	0		
Income:	\$ 75,000		
Has Major Credit Card:	Yes		
Is Homeowner:	No		
Promo Name:			
Client Hotel Cost:	\$ 0.00		
Client Hotel Price:	\$ 700.36		

Cancel Reservations					
Sales Id Number:			Reservation No: 69-4601799/4601792XLD		
Booking Id Number:					
Room/Suite/Home Type:					
Arrival Date:			11 11 11 11 11 11 11 11 11 11 11 11 11 206776		
Departure Date:	-				
Last Name Primary Occupant:					
First Name Primary Occupant:	Alex				
Secondary Occupant Name:	Anna				
Nights:	1				
Number in Party:	4				
Date of Birth1:	11/24/1968				
Date of Birth2:					
Number of Adults:					
Number of Children:					
Tour Yes/No:					
Requested Tour Date:					
Requested Tour Time:	-				
	213 old colony rd,	Richmo	ond Hill		
Primary State:					
Primary Zipcode/Postal:					
	(647) 204-7195				
Home Phone:					
Email Address Primary:	alexlachine@yahoo	o.ca			
Email Address Secondary:					
Marital Status:					
Occupation Primary Occupant:					
Occupation Secondary Occupant:					
Age Primary Occupant:					
Age Secondary Occupant:					
	\$ 40,000				
Has Major Credit Card:	-				
Is Homeowner:					
Promo Name:	J				