



Pull'r Inn Motel

RESERVATION FORM

NAME : _____

PHONE: _____

CHECK IN DATE: _____
MM / DD / YYYY

CHECK OUT DATE: _____
MM / DD / YYYY

NUMBER OF GUESTS: _____ ADULTS _____ CHILDREN

ROOM TYPE 1 KING BED

 2 QUEEN BEDS

 1 QUEEN BED HANDICAPPED ACCESSIBLE

 1 KING BED HANDICAPPED ACCESSIBLE

 1 KING BED WHIRLPOOL SUITE

 2 QUEEN BEDS WITH 1 QUEEN BED IN
 ADJOINING ROOM WITH SHARED BATH

SMOKING PREFERENCE: NON-SMOKING: SMOKING:

COMMENTS:

FAX THIS COMPLETED FORM TO 319-656-3614 OR
CALL 319-656-3611 DURING OFFICE HOURS OF 7:00AM - 10:30PM

PULL'R INN MOTEL
HWY 1 & 22 - P.O. BOX 200
KALONA, IOWA 52247