amatara

WELLNESS RESORT

GUEST PREFERENCE FORM

Name: _____

Date of birth: _____

Emergency contact: _____

Relationship to emergency contact: _____

Please provide us with any information you feel will help us to provide the best possible experience during your stay with us.

1. Do you have any food intolerances or allergies?

☐ Yes   ☐ No

If yes, please provide details below:

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2. Are there any other foods that you need to avoid due to personal philosophy (for example, vegan, vegetarian) or religious practice?

☐ Yes   ☐ No

If yes, please provide details below:

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3. Would you prefer an alcohol-free mini bar in your room?

☐ Yes   ☐ No

4. Please see below our pillow selection. If applicable, please select the pillow type that you prefer for sleeping:

☐ Firm feather pillow

☐ Soft feather pillow

☐ Hypoallergenic polyester pillow

☐ Firm fibre pillow

☐ Natural latex pillow

If there is anything else you would like to inform of in order for us to personalize your Amatara experience, please provide further details below:

We look forward to welcoming you