

Grecian Gardens Accommodation Reservation

Please print this page, fill in the following reservation form and mail in to reserve your room(s)

Your Name(s): _____ **Date:** _____

Your Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Fax Number: _____ **Email address:** _____

Number of Rooms: _____ **Type Room:** c Standard Large Room c 2 Room Efficiency

Date of Arrival: _____ **Date of Departure:** _____ **Total Number of Nights:** _____

Time of Arrival: _____ c A.M. c P.M.

Number in Party: _____ **Adults:** _____ **Children (under 12):** _____ **Teens:** _____

Daily Room Rate: _____ **Deposit:** _____ ***Balance Due:** _____

Print form and mail with deposit (check or money order) to: Grecian Gardens Motel, 305 East 17th Street, North Wildwood, NJ 08260

CHECK IN TIME IS 3PM. ROOMS ARE NOT AVAILABLE BEFORE THIS TIME.

Questions? Please call (609) 522-1260 or email Support@GrecianGardensMotel.com

*Balance Due will include any applicable municipal surcharges, regulatory fees, state or local taxes.