

Autism-Friendly Hotel Accommodation Request Form

Guest Information

Name

Email

Phone

Reservation Details

Check-in Date

Check-out Date

Number of Guests

Autism-Friendly Accommodation Requests

Quiet Room Requested

Low Sensory Area/Floor

Lighting Preferences

Bedding Preferences (textures, materials, etc.)

Food Preferences or Dietary Requirements

Other Specific Needs or Requests

Additional Information

Anything else we should know to support your stay?

