



HOTEL
ZAZA

HOUSTON MUSEUM DISTRICT

5701 Main Street Houston, Texas 77005

713-526-1991

houstonreservations@hotelzaza.com

ROOM REQUEST FORM

Guest Information

Guest Name: _____

Email Address: _____

Phone Number: _____

Billing Address: _____

Arrival Date: _____ Departure Date: _____

Room Type Request: Double King

Name of Group: _____

Special Requests: _____

Guarantee Method

Guest Credit Card Number: _____

Expiration date: _____

Please send completed form to our Reservation Department

houstonreservations@hotelzaza.com

We look forward to your stay!