

RESERVATION FORM

Date requested :

Room type requested:

Comfort room, single use ☐

comfort room, double use ☐

De luxe room, single use ☐

de luxe room, double use ☐

Guest 1

Family Name:

Surname:

Guest 2

Family Name:

Surname:

Adress:

City

Phone n. (international code + n.) :

E- Mail:

Payment authorization: Credit card holder

Credit card number

Expiry date

Signature:

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