

RESERVATION FORM

To make the reservation, please print this form, fill it in and send it only by fax **signed**:

+39 055 8249231

CASTELLO DI BIBBIONE WILL CHECK THE INFORMATION AND SEND YOU A CONFIRMATION VOUCHER BY E-MAIL

Terms and conditions: Cancellation policy: from reservation time to 30 days before check-in: penalty of 30% of total amount; from 29 days before check-in: penalty of 90% of total amount; no show 100%. **Payment:** at reservation time, not-refundable down payment of 30% with credit card (Visa, MasterCard); on check-in day, final payment of 70% with credit card or cash. **Security deposit:** all the guests are responsible for the accommodation's furniture from the check-in until check-out; a security deposit of € 200,00 is required at check-in time (only cash). At departure, the security deposit will be returned after an accurate check of the accommodation. If any damage will have occurred, management will keep the security deposit. **Check-in:** always between 3:00 pm to 6:00 pm (to 7:00 pm on Saturday). **Check-out:** always before 10:00 am.

GUEST INFORMATION

Name on Credit Card: _____

E-mail: _____

Address: _____

City: _____

State: _____

Zip code: _____

Country: _____

Telephone: _____

Fax: _____

ACCOMMODATION (S)

HOUSE (S) SELECTED: _____

CHECK IN (DD/MM/YY): ____/____/____

CHECK OUT (DD/MM/YY): ____/____/____

NUMBER OF GUESTS: _____

Special requests:

CREDIT CARD

Credit Card: Visa Mastercard

Card# ____/____/____/____

Expiration date, valid until arrival day (MM/YY): ____/____

Date of birth of the credit card holder (DD/MM/YY): ____/____/____

I accept terms and conditions

Signature: _____

(Required)