

Booking form

Billing Name: _____

Name of other party members:

Address: _____

City: _____

Phone: _____ Email: _____

Check in: _____/_____/_____

Check out: _____/_____/_____

Room type: () VILAS Appartments () International Wing Suites

Number of people:

() Adults () Children 04 to 11 years old () Cot – children up to 03 years old

After we receive this booking form, we will send you an email confirming the reservation with the debit authorization form.