

Booking Form for Housegarfagnana

Your reservation is confirmed once we have received this completed form and the booking deposit.

Our contact details - Mailing Address:

Ferrarini Davide
Via Lagorio, 24
17015 Celle Ligure (SV)
Italy

Phone No. 00-39-338-7572926
Fax No. 00-39-19-993890
E-mail: info@housegarfagnana.com
Website: www.housegarfagnana.com

Your details:

Name / Surname _____

Address _____

E-mail Address _____

Contact Phone No. _____ Fax No. _____

Extra Facilities

Extra bed (____)

Central Heating (____) (extra payment for usage)

Rental Details and Payments

Rental period is from 4pm Saturday until 12 Noon on the Saturday of departure.

Date of arrival: _____ Date of departure: _____

Weekly Rate

from 15/01 to 31/05	400,00 Euro
from 01/06 to 31/08	500,00 Euro
from 01/09 to 15/12	400,00 Euro
from 16/12 to 15/01	500,00 Euro

Total rental _____ Euro

Less Booking Deposits _____ Euro

Balance Amount Due _____ Euro

Payment Date for Balance (10days prior to arrival)

Please make all bank draft payable to Ferrarini Davide.

By signing this you indicate that you have read the attached terms and conditions and that you agree to them.

Signature _____

Date _____