

REALITY TRAVEL

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RESERVATION FORM

To be used to fulfill the dispositions
of art. 6 of the Italian Legislative Decree No. 111 of 17.3.95

BOOKING REFERENCE
Operator:
Booking number:

Contractor:

Surname and name		
Address		
Postcode	City	E-mail
Telephone	Fax	Mobile
Date of birth	Place of birth	
Type of document	N°	Date of issue

On my behalf, and on the behalf of the participants indicated below:

1) Surname and name Date of birth	2) Surname and name Date of birth
3) Surname and name Date of birth	4) Surname and name Date of birth
5) Surname and name Date of birth	6) Surname and name Date of birth
7) Surname and name Date of birth	8) Surname and name Date of birth

propose Reality Travel the reservation for the following touristic services (tick the box):

HOTEL RESIDENCE HOLIDAY APARTMENTS FARM HOLIDAYS OTHER

Fields signed with * = (only for Holiday apartments) Fields signed with ** = (only for Hotel/Residence/Farm holidays)

Property name	Location	Number of beds *	
Number of rooms **	Type of rooms **	Hotel basis **	
Period: from	to	Number of nights	Special requests
TOTAL AMOUNT: EURO			
30% DEPOSIT + BOOKING FEES (within 48 hours after our confirmation): EURO			
BALANCE (30 days prior to the arrival date): EURO			

FORM OF PAYMENT: POSTAL ORDER BANK TRANSFER

The following proposal is irreversibly formulated by the client until 7 days from the subscription of this form, and will be considered concluded with the confirmation of Reality Travel.

Date _____ Contractor signature _____

I declare that I have read and I accept Reality Travels general terms listed in our programs.

Date _____ Contractor signature _____

In accordance with and due to the effects of art. 13 of the Italian Legislative Decree No. 196/2003, we inform you that personal details collected will be handled exclusively for internal purposes related on the transmission of information on our products.

Date _____ Contractor signature _____