

Booking Form for Maga Circe holiday apartments

Isola di ponza (LT) Fax +39 0771.809841

- I (Name and Surname) _____
- Ask Cala Feola Srl to reserve an apartment on my name as described below
- I hereby authorise Cala Feola Srl to debit my credit card the amount specified hereunder
- € _____,00 (_____) as a deposit.
- I state to have read understood and accepted the Reservation and Cancellation Policy as indicated below.

Description of the booking

TYPE OF APARTMENT:	N. persons
Arrival date:	
Departure date:	

Credit Card details: (Mastercard - VISA - JCB - AMEX)

NAME AND SURNAME AS INDICATED ON CARD		
N. of card:	Expiring date:	
Address:		
Town of residence:		
Post code	District	State
Telephone	Fax	E-mail

Reservation HOLDER:

(to fill in only if you are making a reservation for a different person than yourself)

NAME		SURNAME	
Address:			
Town of residence:			
Post code	District	State	
Telephone	Fax	E-mail	

Deposits and payments:

at booking 40 percent of the total amount is required as a deposit.

Cancellation Policy:

Cancellation is accepted without penalty up to 60 days before the arrival date.

If cancelled or modified from 59 to 7 days before date of arrival, 40 percent of total price of the reservation will be charged. If cancelled or modified later or in case of no-show, the total price of the reservation will be charged.

Data _____

Signature _____