

RESERVATION REQUEST

PRINT, FILL IN, SIGN & FAX TO: +39 0552480954

Hotel Morandi alla Crocetta
Via Laura, 50
Firenze, Italia
Fax +39 0552480954

Please reserve in the name of _____

- n. ___ room/s for one person with a single bed
 - n. ___ room/s for two persons with a double bed
 - n. ___ room/s for two persons with two single beds
 - n. ___ room/s for three persons with a double bed and one added single bed
 - n. ___ room/s for three persons with two single beds one added single bed
 - n. ___ room/s for four persons with a double bed and two added single beds
 - n. ___ room/s for four persons with two single beds and two added single beds
- for a total of n. ___ persons for n. _____ night/s from _____
at the price of _____ Euro per night.

To guarantee this reservation you are authorised to use the following credit card: type
_____ Number _____ Verif. number _____
Expiry date _____ Holder's name _____

There is no charge for a cancellation providing it reaches hotel in writing with more than 3 days in advance; otherwise the cost on one third of the reservation made with the minimum of the first night will be charged. In case of no show, cancellation or part cancellation on or after the day of arrival, the full amount of the reservation made is due.

I expect to arrive at the hotel at _____ hrs by _____

Telephone contact prior to arrival _____

Please send a confirmation of this reservation to:

E-mail _____

Fax _____

Post _____

Sincerely

Name _____

Address _____
