RESERV	7 A TION	CONTD	ACT
IK LASE KA		UUNIK	A

Last name:
First Name:
Address:
Zip code
City:
Phone number:
E-mail:
Plate number:
CAMPSITE PITCH
ARRIVAL ON (after 2 pm)://2019
DEPARTURE ON (before 12 pm)://2019
Type of installation:
Number of vehicles:
Pets:
Electricity: YES NO
Include a €50 deposit when booking
OR
<b><u>RENTALS (from Saturday to Saturday)</u></b>
ARRIVAL ON (after 4 pm):/ 2019
DEPARTURE ON (before 12 pm):/ / 2019
Indicate preferred type of mobile-home:         Mobile-home with 2 bedrooms         Tithome with 2 bedrooms and no bath         Mobil-home with 3 bedrooms
- Total amount for your stay: €
- 25 % deposit:€ (to include with the reservation)
- Amount left to pay upon arrival: €

Guests (max. 6 people)			
LAST NAME	FIRST NAME	DATE OF BIRTH	
New guest  Returning guest			

How have you heard of us?

**Comments or special requests:** 

I confirm I have read and accepted Camping Calède's terms and conditions attached.

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I agree that all the data in this form be processed as part of the booking process and the customer relationship it creates.

Place:

Date:

Signature: