BOOKING FORM RICH2010

LAST NAME : _____

FIRST NAME : _____

ADDRESS : _____

_____

_____

_____

PHONE NUMBER : _____

E-MAIL ADDRESS : _____

REQUESTS A ROOM IN THIS HOTEL (PLEASE TICK THE BOX) :

Upon availability, your booking is not guaranteed until you receive a written confirmation from the hotel

Inter-Hôtel Hôtel Cassitel Cassis ★★ hotels-capcanaille.com

88 € including breakfast

Single rate
Extra charge for double occupancy : 6 €

☐

Fax : +33 (0)4.42.01.96.31
E-mail: cassitel@hotelcassis.com

Best Western Hôtel La Rade Cassis ★★★ hotels-capcanaille.com

Pine forest view room : 145 € including breakfast

Single rate
Extra charge for double occupancy : 12 €

☐

Fax : +33 (0)4.42.01.01.32
E mail : larade@hotel-cassis.com

ARRIVAL DATE : ____/____/_____

DEPARTURE DATE : ____/____/_____

NUMBER OF PERSON(S) : ____

CREDIT CARD NUMBER : _____ _____ _____ _____

EXPIRY DATE : ____/____

SECURITY CODE : _____

DATE AND SIGNATURE :