



HOTEL CONTINENTAL
SAINT-RAPHAEL

From March 23rd till March 30th 2015

HÔTEL BOOKING FORM



To be returned to:
Hôtel Continental
100, promenade René Coty
F - 83700 Saint Raphael

Tél : +33 (0)4 94 83 87 87 - Fax : +33(0)4 94 19 20 24

www.hotels-continental.com reservations@hotels-continental.com

CONDITIONS:

Please fill in completely this form and send it by fax or e-mail.

A credit card number is required to confirm your booking.

Credit cards accepted: Visa - Euro Card Master Card - American Express.

The full amount of your booking has to be paid at your arrival at the hotel.

In case of late arrival (after 10.00 p.m.) or no show the first night of your stay will be debited on your credit and the hotel doesn't guaranty the availability for the remainder of the initial booking

For any cancellation less than 7 days before the arrival date, the amount of the first night will be debited on your credit card. In case of modification or shortened stay less than 3 days before previous arrival date, the total amount of the initial booking will be due

Hotel Continental is non-smoking. The amount of one night will be charged in case of non-abidance

PERSONAL INFORMATION:

Company: Surname: First Name :

Address:

ZIP Code: City: Country:

Phone Number: Fax:

E-mail:

ACCOMODATION : Booking are subject to availability.

- Single room : 95.00 € (breakfast included)
- Double room : 104.00 € (breakfast included)
- Twin bedded room : 104.00 € (breakfast included)
- Triple room : 126.00 € (breakfast included)
- Double/twin room sea side: 129.00 € (breakfast included)

Local Tax: 1.60 € per person per day

Garage: 10.00 € per day

Arrival date:/...../2015 (check in at 3 p.m.)

Departure date:/...../2015 (check out before 11.00 a.m.)

Number of nights: **Number of rooms:**

PAYEMENTS DETAILS:

Cards holder's signature and cards digit security code are compulsory for any payment with credit card.

Note : la signature du détenteur de la carte et le cryptogramme sont indispensables pour le paiement

- Visa Eurocard/Mastercard American Express

Credit Card NR:/...../..... Exp. Date:/.....

Cards digit security code: Cards holder's name: Signature:

YOUR COMMENTS:

Your confirmation will be forwarded to you by e-mail or fax