



Centro Sportivo Educativo Nazionale

Ente di Promozione Sportiva riconosciuto dal C.O.N.I.



2nd EUROPEAN STAGE 2009
Martial Arts – Kranjska Gora

HOTEL reservation Form

(Please fill in the whole parts)

2nd EUROPEAN STAGE Martial Arts - CSEN

KRANJSKA GORA (Slovenia) 13 – 25 MARCH 2009

Team _____ Nation _____
Address _____ Town _____
Reference _____ e-mail _____
mobile _____ phone _____ fax _____

PARTECIPANTS AND COUPLING:

4 STAR HOTEL 3 STAR HOTEL

A = adult
C = child (Please write down date of birth)
I = infant 0-2 years old

DOUBLE room: N. _____

	SURNAME	NAME	TYPE * a-c-i	Comb. A-B-C-D
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

FOUR BEDDED room: N. _____

	SURNAME	NAME	TYPE * a-c-i	Comb. A-B-C-D
1				
2				
3				
4				
5				
6				
7				
8				

THREE BEDDED room : N. _____

	SURNAME	NAME	TYPE * a-c-i	Comb. A-B-C-D
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SINGLE room: N. _____

	SURNAME	NAME	TYPE * a-c-i	Comb. A-B-C-D
1				
2				
3				

COMB. A	From Thursday dinner – Friday/ Saturday full board – to Sunday lunch
COMB. B	From Friday lunch - Saturday full board – to Sunday lunch
COMB. C	From Friday dinner - Saturday full board – to Sunday lunch
COMB. D	From Saturday dinner – overnight to Sunday lunch



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RACK RATES AND TOTAL AMOUNT TO PAY:

HOTEL	HOTEL COMBINATION	RACK RATES per person	Nr. of ADULTS:	Nr. of CHILD (2-7 years old) - 50%	Nr. of CHILD (7-12 years old) - 30%	TOTAL
4 *	COMBINATION A	€ 205,00				
	COMBINATION B	€ 158,00				
	COMBINATION C	€ 144,00				
	COMBINATION D	€ 82,00				
3 *	COMBINATION A	€ 169,00				
	COMBINATION B	€ 134,00				
	COMBINATION C	€ 119,00				
	COMBINATION D	€ 70,00				
	SINGLE COMB. A	€ 60,00		///	///	
	SINGLE COMB. B-C	€ 40,00		///	///	
	SINGLE COMB. D	€ 20,00				
TOTAL TO BE PAIED						€ _____

YOUR CHARGE € _____ to be paid within and not later then **23rd February 2009**

PAYMENT CANNOT BE ACCEPTED DIRECTLY IN PLACE

SURCHARGE OF 20% FOR PAYMENT MADE FROM 24th FEBRUARY 2009

TOTAL € _____ + 20% _____ = TOTAL TO BE PAIED € _____

PAYMENT BY BANK TRANSFER :
To VITA 2000 VIAGGI SRL

BANCA DI UDINE
VIA ZOLETTI - UDINE
ABI 8715 CAB 12301 C/C 710592 CIN X
IBAN IT 32 X08715 12301 0000 0071 0592
BIC ICRAITRRJVO
"COD 777 + name"

WITHDRAW of the PARTICIPANT:

If a participant who belongs to the above mentioned list should release the room, he will be entitled of refund as per amount paid, less the penalty down mentioned, and less other charges the travel agency may apply, for the cancellation of the services:

- from 29 to 15 days before arrival = penalty of 25%;
- from 14 to 7 days before arrival = penalty of 50%;
- from 6 days to 72 hours before arrival = penalty of 75%;
- no refund for cancellation after this time limit;

PAYMENT BY CREDIT CARD with X-PAY FORM. Please give all details of your credit card and send them by fax or by phone:

TYPE OF CREDIT CARD _____
NAME _____ SURNAME _____
CREDIT CARD Nr. _____
EXPIRY DATE _____ CV2 _____
(number written on the back of the card)

Please send a Fax to 0039 - 0432 – 625302 or an e-mail to: info@vacanzesport.com

with copy of HOTEL RESERVATION FORM and the copy of the BANK RECEIPT