



www.appartement-zzz.com
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BOOKING FORM

NAME	<input type="text"/>
Street Post Zip City Land	<input type="text"/>
Telephone number E-mail	<input type="text"/>
Date of birth Place of birth	<input type="text"/>

Binding registration order. Minimum stay 2 days!

Date of arrival	<input type="text"/>
Date of departure	<input type="text"/>
Apartment <i>Galerie / Froschkönig</i>	<input type="text"/>
Number of persons	<input type="text"/>
Is it your first stay at <i>Appartement ZZZ</i> ?	<input type="text"/>

I agree with the HOUSE RULES*, TERMS* and (Cancellation) CONDITIONS* of Appartement ZZZ

(yes/no):

*downloadable under www.appartement-zzz.com/downloads/

Do you prefer your beds in *Appartement Galerie* as two single beds or as one double bed?

Date

Signature (Guest)