



BOOKING FORM FOR CORFU2019

You are kindly requested to fill in, sign and return to Grand Ariti Hotel by fax or e-mail no later than **30/06/2019**.

Your reservation will be confirmed after the Hotel's written acceptance.

GUEST'S NAME: _____

GUESTS' CREDIT CARD DETAILS _____

CREDIT CARD HOLDER'S NAME _____

CREDIT CARD NUMBER _____

EXP. DATE ___ / ___ / ___ **cvv #** ___ (3 DIGITS AT THE BACK OF THE CARD)

CREDIT CARD HOLDER'S SIGNATURE _____

E-mail address: _____

Tel#: _____ **Mobile phone#:** _____

Date of Arrival: _____ **Date of Departure:** _____

Estimated time of arrival at the hotel _____

ROOM TYPE:

Room Type	B&B	Please Select the room type
Single room (1 person)	100€	
Double room (per person)	70€	

Above rates are per overnight per person and include American buffet breakfast and all taxes.

Payment Policy: 30% of the total cost deposit and payment in full before the departure.

Cancellation Policy: 21 days prior to arrival no fee will be charged. From 20-8 days before arrival 50% charge of the total amount. 7 days before arrival the case of no show the hotel charges 100% of the total room cost.

Check in: 14:00 Check out: 12:00

Kindly fax or e-mail this form to the following

Tel.: +30 26610 81894- **Fax:** +30 26610-33889

Email: reservations@aritimotel.com