RelaisCappuccina
SAN GIMIGNANO

Guaranteed confirmation of reservation

I, Mr/Ms/Mrs _____

confirm hereby the reservation of nr. _____ room(s)for nr. _____ person(s)

from____/____/_____(arrival day) until ____/____/_____ (departure day**)**

*I authorise the Hotel La Capuccina S.r.l. **** to* ***charge*** *the amount of €*_____

from my credit card _____ *nr.* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name _____ *expiry date* _____

Address _____

City _____ *Post code* _____ *Country* _____

Phone _____ *Fax* _____

Email _____@_____

I accept terms and conditions of the Cancellation Policy and I also confirm to be the credit card owner of the above mentioned credit card number.

In compliance with the terms of law 675/96 – art.13 – concerning privacy, I authorise the hotel management to handle my personal data

*Date*____/_____/_____ *Signature* _____

Cancellation Policy:

* 30 days prior to arrival no cancellation fee will be charged
* from the 29th to the 15th day a cancellation fee of 30% will be charged
* from 14th to the 8th day a cancellation fee of 40% will be charged
* from the 7th to the 4th day a cancellation fee of 60% will be charged
* from the 3rd to the 01st day a cancellation fee of 80% will be charged
* for cancellation made within 24 hours before check in a 100% cancellation fee will be charged on your credit card.

To be filled in and to be sent by fax to the hotel

LA CAPPUCCINA s.r.l - Loc. La Cappuccina 46/A - 53037 San Gimignano (SI)
Tel 0577 940381 – Fax 0577 942031 E-mail info@lacappucina.com