

Fattoria Colleverde
RESERVATION FORM

Save as PDF and mail to: rent@colleverde.it
"Yes, I have read the Booking Procedures and agree with that by checking the box below"

PLEASE REMEMBER TO CHECK THE BOX !
Client Information:

Name on Credit Card: _____
Birthdate: _____
Address: _____
City: _____
State: _____
Zip: _____
Country: _____
Mail: _____
Telephone: _____
Fax: _____

Card (Check Box) Visa
 Mastercard

Card#: _____
Expiry Date: _____
Signature: _____

Name of Apartment: _____
Arrival date: _____
Departure date: _____
How many people: _____