

RESERVATION FORM

ATLANTIC HOTEL **

11, rue de la Sablière – La Menouinière – 17310 Saint Pierre d'Oléron

Tél : 05 46 47 07 09 – Fax : 05 46 47 28 49

Email : hotelatlantic@free.fr

Site Web : <http://www.oleron-hotel.fr>

This form is required if you want to book a room or an apartment in the Atlantic Hotel.

You must send it with your deposit or your credit card number.

NAME -----

SURNAME -----

Adress -----

Area code ----- Town -----

Phone number :----- Mobile phone :-----Email :-----

YOUR STAY AT THE ATLANTIC HOTEL :

Check in : day :----- month :----- year :-----

Check out : day :----- month :----- year :-----

Number of night(s) : -----

Number of room(s) : -----

Number of person(s) in the room : -----

Kind of room or apartment : -----

The deposit :

You'll find enclosed a ----- euros deposit, which represents 30% of the total of my stay in Atlantic Hotel or the price of the first night if my stay lasts less than 3 nights.

Or a credit card number with validity and the three last numbers on the back side of the card.

- The rooms are available at 3.00 pm and have to be left before 12.00 am (check out day).
- The length of the stay won't be changed during the stay or 10 days before arrival. The nights presently booked by this form will be owed (article 1149 and following in the french civil code).
- If there is an animal in the room or in the apartment, direction has to be informed before booking.
- The Atlantic hotel and his pool are peaceful places. Shouts and noise won't be appreciated in the hotel areas.

I read this form and I agree with it.

Done at -----, the ----- SIGNATURE