

Chalamard Cottage Booking Request

Name

First name

Address

ZIP code City

Country

E-mail

Phone Cell

Fax

Number of people

Arrival date (DD/MM/YY)

Departure date (DD/MM/YY)

- I agree with booking, payment and cancellation clauses.
- Sending the present form validates the booking request for the above mentioned period. Booking will take effect from reception of the deposit.