

FINAL HOTEL BOOKING FORM

FILL IN THIS FORM AND SEND IT BY AUGUST 3rd TO: openwater.wps.sardinia@gmail.com events@smeraldaexperience.com			
NPC			
NUMBER OF PEOPLE			
TEAM LEADER NAME			
IDENTITY CARD			
E-MAIL ADDRESS			
TELEPHONE NUMBER			
ARRIVAL DATE		first meal	
DEPARTURE DATE		last meal	
KIND OF ROOM	NUMBER OF ROOMS	WCHC ROOMS	ALERGIES/INTOLLERANCES
SINGLE			
DOUBLE			
TRIPLE			
LIST OF THE GUESTS FOR THE CHECK IN			
SURNAME	NAME	GENDER	NATIONALITY













