



Villas & Vacations

RESERVATION FORM

FULL NAME :			
HOME ADDRESS :			
DRIVER LICENSE N°	ISSUED DATE:	PLACE OF ISSUE:	BIRTH DATE:
PASSPORT N°	ISSUED DATE:	PLACE OF ISSUE:	
LOCAL ADDRESS:	VILLA N°	Ref:	

CAR DETAILS

GROUP:	
DATE FOR DELIVERY:	PLACE FOR DELIVERY:
FLIGHT NUMBER:	HOUR FOR DELIVERY:

DATE FOR COLLECTION:	PLACE FOR COLLECTION:
FLIGHT NUMBER:	HOUR FOR COLLECTION:

EXTRAS REQUIRED:

ROOF RACK	<input type="checkbox"/>	BABY SEAT	<input type="checkbox"/>	BOOSTER SEAT	<input type="checkbox"/>
		(Baby age _____)		(Child age _____)	
PAI	<input type="checkbox"/>	SCDW	<input type="checkbox"/>		

ADDITIONAL DRIVER :

NAME:		
DRIVER LICENSE N°	ISSUED DATE:	PLACE OF ISSUE:

<u>SPECIAL REQUESTS:</u>

NOTE: ROOF RACK AVAILABLE ONLY FOR GR. A, A1, B & C1
PLEASE COMPLETE THIS FORM TO FACILITATE A QUICK CHECK-IN
WHEN YOU COLLECT YOUR CAR AT THE AIRPORT