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LUXEMBOURG CUP 2016 9th 10th 11th of December 2016 HOTEL BOOKING FORM

Please return this form <u>duly completed</u> latest by 11 th November 2016.	
COUNTRY/CLUB	FAMILY/.CHRISTIAN NAME
ADDRESS (<i>private</i>):	
ZIP CODE / CITY:	COUNTRY:
TEL:	FAX:
EMAIL:	PASSPORT NUMBER:
DATE AND PLACE OF BIRTH:	NATIONALITY:
Above information given by you will ensure a quick and	nd efficient check-in
☐ Standard Guestroom rate (1 person) per night	EUR 75,00
☐ Standard Guestroom rate (2 persons)	EUR $85,00$ \square Twin Bed \square Queen Bed
☐ Superior Guestroom rate (1-3 persons)	EUR 95,00 \Box Twin Bed \Box Queen Bed
Deluxe Guestroom rate (1-4 persons) Number of Persons in the room:	EUR 125,00 □ Twin Bed □ Queen Bed
rooms more than is going to be superi This reservation is subject of a Dinner Menu 2 dishes at 16.00€ (Soup +Chef's Dinner of Person for Dinner:	□ 18.12 □ 19.12 □ 20.12
Referring to above event, I would like to make following	-
→ ARRIVAL ON:	
(Please note that official check-in time is as of 2:00 p.m.)	.) (Official checkout time is before noon).
	redit card details or by sending a copy of bank transfe
received/charged.	d when 100% of the total amount of your stay will b
Credit card: O VISA O AMEX O MC/	C/EUROCARD O DINERS OTHER
Credit card number:	Expiry date:
Card Owner:	
Free cancellation until 11 th November 2016; If you cancel between the 12 th November to the 2 nd December For any cancellation occurring between the 3 rd December	
Down payments : Thank you for transferring the require	ired pre-payment to the following bank account:

Reference : Country+GRS2016 BIC: BCEELULL - Banque et Caisse d'Epargne de l'Etat

IBAN: LU80 00 19 1100 3015 8000Account Holder: Albergo S.A.R.L **BIC Code:BCEELULL**