**CALVAIRE HOTEL**

**ROOM BOOKING FORM**

1. **Full Name:**

|  |
| --- |
| First Name: |
| Last Name: |

2. **Email Address:**

|  |
| --- |
|  |

3**. Phone Number:**

|  |  |
| --- | --- |
| Country Code: + | Number: |

4. **Booking Dates:**

|  |
| --- |
| Arrival: (*day / month / year)*: |
| Departure: (*day / month / year)*: |

5. **Number of Guests:** Adult: Children:

**Type of Room:** (*Please indicate number of rooms required)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Single Bed: | Double Bed: | Twin Bed: | Triple Bed: | Bed for Four: |
| Additional Request: | | | | |

6. **Type of Service Requested:** (*Please Select ‘X’)*

|  |  |
| --- | --- |
| Room Only: | Bed and Breakfast: |

7. **Additional Information:**

Please accomplish and email to: [booking@hotelcalvairelourdes.com](mailto:booking@hotelcalvairelourdes.com)