**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