



Special services Booking request

Please fax to +39 0744 952128

First name Last name

e-mail Adult Children

STAYING TO:

Todi Castle (North Wing) *Todi Castle (West Wing)*

Villa Pianesante *Villa Cipresso* *Villa Campo Rinaldo*

PERIOD:

Arrival day ___ month ___ year ___ *Departure* day ___ month ___ year ___

AUTHORIZE PAYMENT OF EURO:

with Credit Card (Visa and Mastercard only)

Number _____ Exp (mm/yy) ___ / ___

Card owner name:

First name Last name

Card owner signature _____



Notes: