

HOTEL RESERVATION FORM

Selected hotel

CITY PARK HOTEL 5*

Company

Address

VAT No

E-mail

Fax

Phone

Accommodation

1. Single room 480 PLN

Double room 530 PLN

Deluxe?

First name and Surname

Date of arrival

Date of departure

2. Single room 480 PLN

Double room 530 PLN

Deluxe?

First name and Surname

Date of arrival

Date of departure

3. Single room 480 PLN

Double room 530 PLN

Deluxe?

First name and Surname

Date of arrival

Date of departure

Single room 480 PLN

Double room 530 PLN

Deluxe?

Additional information

Method of payment

prepayment (bank transfer)

credit card

Credit card number

Exp. Date

Date

Please send us filled form by e-mail at rezerwacje@cityparkhotel.pl