

BOOKING FORM

Please print this form. Then fill it out, sign and date it, and return it to Vacanza Bella either by regular mail or, better, by scanning it and sending it to us as a .pdf attachment to an email.

Your Name _____

Your Home Postal Mailing Address _____

Home Telephone _____ Office Telephone _____

Cell Phone _____ Alternate Cell Phone _____

Preferred Email _____ Alternate Email _____

Properties to be Booked

Name of Property Commencing Date Ending Date

Date of your Departure from Home _____

Name of each Person in your Party (give age if under 18)

Vacanza Bella

HOLIDAY HOMES IN ITALY SINCE 1986

Emergency Contact Person whom we
can contact while you are abroad
(Name, Phone, Email) _____

On my behalf, and on behalf of each of the above-named persons, I declare my desire to make a booking for the accommodation(s) listed above.

I have carefully read the General Conditions of Renting, and our email to you formally confirming the booking, as well as the How to Book and FAQ sections of Vacanza Bella's website, in their entirety. I agree that this booking is subject to the conditions outlined therein. I declare that I am authorized to agree to these conditions on my own behalf and on behalf of all persons in my party. I agree to make the payments required, in a timely fashion and as outlined in the aforementioned documents.

I understand and accept the terms and conditions surrounding cancellation. My signature below acknowledges that I have either purchased trip cancellation insurance, or that I have knowingly and deliberately not purchased such a policy and agree to run the risks involved in cancellation without insurance.

Signature

Date
