

BOOKING FORM



Planning your vacation is almost as exciting as enjoying it.
Advance booking will enable us to give priority to your special reservation requirements.

PERSONAL INFORMATION

Title: (Mr/s, Prof., Dr.) _____
Surname: _____
Name: _____
Address: _____

Country: _____ Postal code: _____
Tel. _____ Mobile _____ Fax _____ E-mail _____
Credit Card N^o: _____
Visa _____ Mastercard _____ Amex _____ Diners _____ Other _____
Date of Expiration: _____ CVV2 (four to seven digits number at the back of the card below the black stripe) _____

BOOKING DETAILS

Arrival Date: _____ Departure Date: _____
N^o of Persons: _____ Age of Children: _____
Number of Nights: _____ Room Number: _____
Room Type: _____

Should you wish to receive a competitive quotation from our ticketing desk please indicate the:

Airport of Departure _____
In-flight Special Requirements: _____
If you have already made flight arrangements, please confirm us the details: _____
Airport of Departure: _____
Flight N^o: _____ Estimated Arrival Time: _____

YOUR SPECIAL PREFERENCES

In-Room Special Requirements

Smoking Room: _____ Non-Smoking Room: _____
Mattresses: Made up together _____ or Separately _____
Towels: Number _____ Sizes _____
Bathrobes: Number _____ Sizes _____
Personal care amenities: Number _____ Special type _____
Flowers: Yes _____ No _____ Type _____
Preferred Daily Newspaper or Magazine: _____

In-Suite Special Requirements

Type of pillows: Feather _____ Cotton _____
Type of sheets: Linen _____ Cotton _____

Children Requirements

Baby Cot _____ Baby Chair _____ Baby Bath _____

Spa preferences

In-room treatments: _____
Robes: Satin _____ Cotton: _____

Healthy food choices

(Vegetarian, Low Calories, Non Fat, Low Cholesterol etc) _____

Preferred Fruits: _____

Preferred Pastries: Greek _____ Chocolate _____ Other _____

Favorite Wine: White _____ Red _____

Alcoholic Beverages _____ Soft Drinks _____

Allergies: _____

OCCASIONS TO CELEBRATE

Please advise us of your family's special dates
and let us surprise you!

Your Birthday _____

Your Spouse's Birthday _____

Your Wedding Anniversary _____

Children's Birthdays _____

Other Special Occasions _____

After completing this form, please return it,
by fax +30 28410 41373, 41878
or by E-mail: guestloyalty@eloundabeach.gr
Guest Loyalty Department, Elounda Beach Hotel,
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