



MAS DE LA FOURBINE

USA Contact :

[icastillac@gmail.com](mailto:icastillac@gmail.com) or [contact@masdelafourbine.com](mailto:contact@masdelafourbine.com)

Fax : USA 650- 321 3025

# Reservations Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home tel. \_\_\_\_\_

Fax N#: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Number of people in the group:

Note: please provide age if under 18 years old

First Name	Last Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Reservation information:

Rental Date: From \_\_\_\_\_ to: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Extra Service not included in the rental:

Baby bed /crib: \_\_\_\_\_

Additional maid: \_\_\_\_\_ Hrs/wks

Chef Service: What Days: \_\_\_\_\_

Other extra services if available:

Car rental: \_\_\_\_\_

Guided tour: \_\_\_\_\_

Others: \_\_\_\_\_

Note: If available at the time of order we will make sure you will receive a quote in order to book the extra services.

## Method of payment:

- You need to use the reservation system to make the reservation and the payment using your Bank card or PayPal if you have an account.

I declare that I have read and accepted the terms of services.

Signature:

Please Fax or email the form. Thank you

