CHALET ROUTE DE MONTANA 74

RESERVATION FORM

I would like to rent Chalet Route de Montana 74

Name:			
Address:			
Postal Code:			
Place:			
Phone:			
Email:			
Date of arrival:			
Date of departure	e:		
Amount of weeks	s:		
Amount of Perso	ns:		
Indicate Which F	loor:		
O Upstairs	O Downstairs	O Both	e
Questions and /	or remarks		

Name of the person filling in the form: