

## 5 RIMINI OPEN 12 – 15 MAGGIO '22

Expiration term 20 April 2022 must be send to [res@hotelcontinentalrimini.it](mailto:res@hotelcontinentalrimini.it)

### HOTEL CONTINENTAL RIMINI

Viale Vespucci, 40 – 47921 (RN)

TEL. 0541 391300

#### 1. GUEST'S DETAILS

Name and Surname \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

#### 2. HOTEL RESERVATION

(Start from 12 to 15 Aprile 2022)

**CHECK IN** \_\_\_\_\_ **CHECK OUT** \_\_\_\_\_ **NIGHTS STAY** \_\_\_\_\_

Hereby I wish to confirm: nr. \_\_\_\_\_ Single Bed room occupancy or nr. \_\_\_\_\_ Twin or queen bed

	<input type="checkbox"/> 2 night stay	<input type="checkbox"/> 3 or more nights stay
<b>HOTEL ACCOMODATION</b>	<b>HALF BOARD with DINNER</b>	
Single bed room occupancy	<b>€ 120,00</b>	<b>€ 115,00</b>
Double bed room	<b>€ 80,00</b>	<b>€ 75,00</b>
DELUXE bed room	Exrta Charge of <b>€ 30,00</b> per bed room, per day (subject to availability)	
Local tax	<b>€ 3,00</b> per person, per night – to be paid at departure	

The rates above are mentioned **per person and per night** and include:  
Dinner and Dinner beverage, Coffee and Breakfast.

#### CHILD

0 - 2 years           FREE  
3 – 12 years       - 30%  
Then                 - 10%

After the indicated date (20 April 2022) and according to the date of booking and payment, upon availability of the rooms available, Hotel Continental will provided to set and book your reservation in another 4 stars hotel at the same rates and terms.

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### 3. CANCELLATION POLICY AND PAYMENT

. The reservation is considered valid only upon receipt of payment.

. Since rates are very cheap, in case of cancellation, no-show or early departure, no refund will be made.

#### A) Bank transfer

Total prepayment by bank transfer to the following coordinates:

**Hotel Continental - MAXIMILIAN'S HOTELS & RESIDENCES SRL**

Via Pindemonte, 4 – 47838 Riccione - P.IVA 01915240400 - IBAN IT 96 Y 05034 24200  
000000003016 - BANCO DI S. GEMINIANO E S. PROSPERO - VIA CIRC. OCCIDENTALE 70/72  
RIMINI with the statement "**NAME AND SURNAME, Federation Event BACKGAMMON**"

#### B) Credit card charge:

Hereby I authorise Hotel Ambasciatori Srl by charging my credit card in case of no show, cancellation or early departure:

#### CREDIT CARD PARTECIPANT

Card \_\_\_\_\_ Nr. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
Owner \_\_\_\_\_

I consent to the processing of my personal data in accordance with Article 13D. Lgs n.196/2003 and subsequent provisions for Archiving in the documents of the recipient of this form.

Signature \_\_\_\_\_

#### DATA FOR EVENTUAL PARTICIPANT INVOICING

*If nothing is specified, a personal tax receipt will be issued*

COMPANY \_\_\_\_\_

ADRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TOWN \_\_\_\_\_ VATE NR. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Each participant will book their hotel accommodation through this form by filling in its parts and sending it to the mail adress: [res@hotelcontinentalrimini.it](mailto:res@hotelcontinentalrimini.it)

You will receive a response email from the hotel for acceptance.