



## VILLA FERRAIA ACCOMMODATION RESERVATION FORM

### PERSONAL or GROUP LEADER INFORMATION

Last Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Country, Postal Code \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Cellular Telephone: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### TRAVEL INFORMATION

Date of Arrival: \_\_\_\_\_  
Date of Departure: \_\_\_\_\_  
Room Type: Single: \_\_\_\_\_  
                  Double: \_\_\_\_\_  
                  Suite: \_\_\_\_\_  
Room Quantity: \_\_\_\_\_  
Number of Adults: \_\_\_\_\_  
Number of Children: \_\_\_\_\_  
Ages of Children: \_\_\_\_\_  
SpecialRequests: \_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION

***A 30% nonrefundable deposit is required upon reservation, with the remaining balance due in full 90 days prior to arrival.***

Method of Payment: Personal Check: \_\_\_ VISA: \_\_\_ MASTERCARD: \_\_\_  
Card Holder's Name: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
3-Digit Security Code: \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_

*Please fax this form with your deposit to (303)646-1217 or remit by mail or email.  
You will be notified upon receipt to confirm your reservation.*