

Camping La Cigaline 1 rue de la paix 24700 Montpon Menesterol

Mail: contact@lacigaline.fr Phone: 05 53 80 22 16

| Name : | Surname : | | |
|---|--|------------------------|--------------------|
| Adress: | | | |
| Zip code:City: | | Coun | try: |
| Phone: | E-mail : | | |
| Mobile phone : | Licence p | late : | |
| DATES OF STAY: Arrival:after 02:00PM nights | Departure : before 12:00 i.e. : | | |
| RESIDENTS OF THE STAY : | SURNAME BIRTH DATE | | |
| NAME | 50 | RNAWE | DINTITUALE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ☐ Classic pitch | ☐ Premium pi | tch | |
| Size of your equipment: | · | | |
| | | | |
| AMOUNT OF STAY : SERVICES : | | | = (A) € |
| Animal / number :€ | x 3.00€ | | = (B) |
| Fridge / number of days : | x 7.00€ | | = (C) |
| Kitchen kit / number of days : 4.00€ AMOUNT OF STAY WITH SERVICES Administration foos : 10€ | 1 | A + B + C + D= (E) | |
| Administration fees : 19€ Optional cancellation insurance : | | E x 3,7% | = (F) € = (G) € |
| DEPOSIT : | (| | =€ |
| Environmental participation: number of d | ays X number of p | eople X 0.45€ | = |
| € Tourist tax: number of days X number of (To pay at your arrival) | persons +18 years | s X 0,44€ | =€ |
| The balance of the stay | must be paid 15 da | ys before arrival at t | he campsite |
| PAYMENT: □ Credit Card | ☐ Bank transf | er 🗆 Cash | |
| I acknowledge having re | ead and fully accep | t the general condit | ions of sale |
| CLIENT'S SIGNATURE Made in date | | MANA | AGER'S SIGNATURE |
| | | | |