

## CAMPING IBARRON\*\*\*

### BOOKING FORM

Name : ..... First Name : .....  
 Adress : .....  
 Post Code : ..... Town : .....  
 Phone number : ..... Country : .....  
 E-mail : ..... Registration number : .....

I agree to receive Camping Ibaron and N.R.L offers by e-mail.

I would like to stay from the ...../...../2024 to ...../...../2024 : Number of nights : .....

#### Person present :

Name First Name	Date of birth		
1.....	...../...../.....	5.....	...../...../.....
2.....	...../...../.....	6.....	...../...../.....
3.....	...../...../.....	7.....	...../...../.....
4.....	...../...../.....	8.....	...../...../.....

Extra Cost Animal : 3,5€ / night

#### I SELECT MY ACCOMMODATION

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Camping pitch   | <input type="checkbox"/> no electricity | <input type="checkbox"/> with electricity 6A | <input type="checkbox"/> Mobil-home 2 bdrms 4/5 people                           |
| <input type="checkbox"/> Camping pitch Confort (shower, toilet, fridge, hob)           |   |  | <input type="checkbox"/> Mobil-home 3 bdrms 6 people                             |
| <input type="checkbox"/> Mobil-home 2 bdrms 4 people                                   |   |  | <input type="checkbox"/> Tente Lodge 2 bdrms 4/5 people (with toilet and shower) |
| <input type="checkbox"/> Mobil-home 2 bdrms 4 people confort (2 showers and 2 toilets) |   |  |  |

(Please check the distribution of beds carefully, some accommodations have bunk beds that are only suitable for children between 6 and 12 years old.)

#### I SELECT MY OPTIONS (Available only for rentals)

- Cleaning end of stay (extra cost. 80€)  
 Baby Kit (Cot + high chair subject to availability - no sheets or mattress toppers provided) : **Free**

#### DEPOSIT

Amount of my stay (without the tourist tax) : ..... € X 25% = ..... €  
 I subscribe holidays cancellation : 2.90% of the cost of the stay : ..... €  
 I don't subscribe holidays cancellation  
 Booking fees : ..... 15.00€  
**Deposit to pay = ..... €**

#### I pay my deposit with :

- Online payment  
 Bank transfer (La Banque Postale IBAN FR3620041010012272268A02248 BIC PSSTFRPPBOR-Please give us your client number)

I acknowledge and I am aware of the booking terms of which I agree.

I undertake to pay the balance of my booking at the latest **30 days before the date of my arrival**.  
 (For bookings made less than 30 days before the date of arrival, full payment must be made at the time of booking)

At..... The...../...../..... Signature (receded by the mention "Read and accepted" ») :