



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: _____
Special Requests: _____

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.*