

BOOKING DEADLINE: March 30th 2025

Dear Sir / Madam, Please fill out this form to confirm your reservation and return to: CASTELLO DI GARGONZA by email at info@gargonza.it no later than March 30", 2025.

Birthday Event at "Castello di Gargonza" – August 22 nd -24 th , 2025				
Full Name/s (please write in capital letters) :				
Child/ren name/s & age:				
Mobile phone (mandatory):		E-mail (mandato	mail (mandatory):	
Number of rooms:	Number of people:	Double bed OR T	ouble bed OR Twins:	
			indicate if needed:	
Check-in date:	Check-out date:	lumber of nights:		
Please let us know any sort of problems with stairs, children, diet, gluten free, nut allergy, other allergies and any special requests:				
Booking Terms and Conditions				
Room rate:				
O Superior Room Accommodation (2 people) - € 315,00 per night in B&B*, based on 2 nights stay.				
○ Extra beds added in rooms:, € 70,00 per night. Baby cot for children under 3: € 15,00 per night.				
* Extra nights must be agreed in advance with the hotel according to our availability.				
We require a credit card to guarantee the reservation (Visa or Mastercard). You can write your cc details below or call				
our office +39 0575 847021 be Please email us if you prefer t	etween 8:00 am to 8:00 pm. o submit a deposit by payment	ink.		
Card number:		Expiration da	Expiration date:	
		Name on th	e account: Azienda Castello di Gargonza s.r.l.	
If you prefer you can send a bank transfer		Bank: Mont	Bank: Monte dei Paschi di Siena, Monte San Savino branch	
with 50% deposit to:			IT 31 C 01030 71530 000063147630 BIC - SWIFT: PASCIT MMMTS	
Deposit & Cancellation policy:		Check in fro	Check in from 3,00 pm to 8,00 pm	
50% deposit not refundable is charged when			Check out by 11,00 am	
we received the booking form		Posantion	Reception office is open from 8,00 am to 8,00 pm	
Balance will be charge at least 1 month before arrival date.		Night servi	Night service is not available	
Cancellation must be received at least before 20 th July 2025		5		
In case of late cancellation or No show we will charge				
the total amount of the rese	rvation			
Signature of cardholder (agreeing to costs above):			Date :	