

Booking Form



Planning your vacation is almost as exciting as enjoying it.
Advance booking will enable us to give priority to your special reservation requirements.

PERSONAL INFORMATION

Title: (Mr/s, Prof., Dr.) _____
Surname: _____
Name: _____
Address: _____

Country: _____ Postcode: _____
Tel.: _____ Mobile: _____ Fax: _____ e-mail: _____
Credit Card N°: _____
Visa: _____ Mastercard: _____ Amex: _____ Diners: _____ Other: _____
Date of Expiration: _____ CVV2 (four to seven digits number at the back of the card below the black stripe) _____

BOOKING DETAILS

Arrival Date: _____ Departure Date: _____
Number of Persons: _____ Age of Children: _____
Number of Nights: _____ Room N°: _____
Room Type: _____

Should you wish to receive a competitive quotation from our ticketing desk please indicate the:

Airport of Departure: _____
In-flight Special Requirements: _____

If you have already made flight arrangements, please confirm us the details:

Airport of Departure: _____
Flight N°: _____ Estimated Arrival Time: _____

YOUR SPECIAL PREFERENCES

In-Room Special Requirements:

Smoking Room: _____ Non-Smoking Room: _____
Mattresses: Made up together _____ or Separately _____
Towels: Number _____ Sizes _____
Bathrobes: Number _____ Sizes _____
Personal care amenities: Number _____ Special type _____
Flowers: Yes _____ No _____ Type _____
Preferred Daily Newspaper or Magazine: _____

In-Suite Special Requirements:

Type of pillows: Feather _____ Cotton _____
Type of sheets: Linen _____ Cotton _____

Children Requirements:

Baby Cot _____ Baby Chair _____ Baby Bath _____

Spa preferences:

In room treatments: _____
Robes: Satin _____ Cotton _____

Healthy food choices:

(Vegetarian, Low Calories, Non Fat, Low Cholesterol etc)

Preferred Fruits: _____
Preferred Pastries: Greek _____ Chocolate _____ Other _____
Favorite Wine: White _____ Red _____
Alcoholic Beverages _____ Soft Drinks _____
Allergies _____

OCCASIONS TO CELEBRATE

Please advise us of your family's special dates and let us surprise you!

Your Birthday _____
Your Spouse's Birthday _____
Your Wedding Anniversary _____
Children's Birthdays _____
Other Special Occasions _____

After completing this form, please return it,
either by fax +30 28410 41783,
by e-mail: honored@eloundabay.gr,
or by post to: Honored Guest Department,
Elounda Bay Palace, Elounda 720 53, Crete Greece
Tel. +30 28410 63512-3