



HALF CHALLENGE BARCELONA
- CALELLA, 19TH MAY 2013 -

ACCOMMODATION FORM

VIAJES EL CORTE INGLÉS, S.A. **SPORTS EVENTS DIVISION**
TENIENTE BORGES, 5. 41002 SEVILLA
PH: 0034 954 50 66 13 // 14 - FAX: 0034 954 22 42 45
E-mail: triathlon@viajeseci.es
Contact to: Inma Liñán

SURNAME: _____ FIRST NAME: _____

FEDERATION: _____

EMAIL: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

ACCOMMODATION DETAILS:

| HOTELES | SINGLE ROOM | | DOUBLE ROOM | |
|--------------------------|-------------|--------|-------------|--------|
| | B&B | HALF B | B&B | HALF B |
| CATALONIA 3* | 42 € | 46 € | 28 € | 32 € |
| SANTA MÓNICA 3* | 44 € | 45 € | 29 € | 31 € |
| H TOP OLYMPIC 3* | 44 € | 45 € | 26 € | 27 € |
| MAR BLAU 3* | 53 € | 58 € | 36 € | 40 € |
| H TOP AMAIKA 4* SUPERIOR | 59 € | 61 € | 38 € | 40 € |

- *Price per person and per night (Vat Included)*
- *Accommodation minimum 3 nights, contact with the Travel Agency for less nights.*
- *If you want to book another hotel not included on this form, please contact with the Travel Agency.*
- *Triple rooms, please contact with the Travel Agency.*
- *Turistic Tax not included. Payment directly at the hotel.*
- *Transfer from Airport to Calella, please contact with the Travel Agency.*

HOTEL PREFERENCE:

FIRST CHOICE: _____ SECOND CHOICE: _____

ARRIVAL DATE _____ DEPARTURE DATE: _____

Nº OF SINGLE ROOMS _____ x _____ NIGHTS x _____ EUROS = _____

Nº OF DOUBLE ROOMS _____ x _____ NIGHTS x _____ EUROS = _____

BOARD: _____ IN WITH: _____ OUT WITH: _____

TOTAL _____



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PAYMENT AND CANCELLATION POLICY

PAYMENT POLICY

- 100 % of the total amount in order to confirm the reservation.
- All changes must be immediately reported to Viajes El Corte Inglés.
- Extras charges (telephone, minibar, meals, etc...). Will be paid directly to the hotel.
- Reservations will depend on availability of the hotel.

CANCELLATION POLICY

- 100% penalty of the rooms cancelled after confirmation and payment of reservation.

METHODS OF PAYMENT

TOTAL AMOUNT TO PAY: _____ EUROS

- **CREDIT CARD AUTHORIZATION:**

| | | | |
|--|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTER CARD | <input type="checkbox"/> AMERICAN EXPRESS | <input type="checkbox"/> OTHERS |
| Name of Credit Card Holder: | | | |
| Credit Card Number: | | | |
| Last three numbers on the back: | | | |
| Expiry Date: | | | |
| Signature of Card Holder: (Compulsory) I authorize to Viajes El Corte Inglés to charge my credit card the total amount shown above | | | |

- **INTERNATIONAL BANK TRANSFER:** (PLEASE, IT IS ESSENTIAL A COPY BY FAX 0034 954 22 42 45).
All fees derived by the bank transfer will be supported by the sender.

Beneficiary: VIAJES EL CORTE INGLÉS, S.A
Name on Account: BANCO BILBAO VIZCAYA ARGENTARIA
Adress of Bank: Oficina Corporativa c/ Alcalá 16 28014 Madrid
SWIFT Number: BBVAESMMXXX
I.B.A.N: ES97 0182 3999 3702 0066 4662