

Booking form

Please complete this form and send it to us via e-mail or by post.

Salutation: O	Mr.	O Mrs.		Post code/locati	on:		
Name:				Tel.:			
Surname:				Fax:			
Address:				E-mail:			
Date of birth:				Place of birth: .			
Name of the tour				Depart	ure date:		
Tour type:	O indiv	idual, self-guid	ed tour	O guide	ed group tour		
Participants:		Name (possibly	date of birth)		Bike rent*	Height	
1.							
2.							
3.							
4.							
5.							
6.							
*please select between unisex-models)	man-/women- and	d 21-gear, 7 gear – b	ike or electro	bike (7-gear bikes ar	id electro bikes are ava	ilable only as	
Single rooms: double rooms: twin rooms (2 separated beds): triple rooms: Category of accommodation (if possible): O standard (B) O superior (A) Board: O breakfast O half board (if possible)							
Extra nights: Place	Check In		Check Out		total nights		
Place							
Transfer:							
From							
Insurance: O travel cover O cancellation cover O complete cover If you conclude an insurance (recommended by FUNActive Tours), please indicate the date of birth of all participants who should be covered. You will find more detailed descriptions of each insurance on our homepage. travel insurance							











Your message:			
Herewith all expressed participa announcement in the catalogue	= .		sed on the tour-
O General Conditions: Herewith	the General Participation	on Conditions are accepted. gen	eral conditions
O Data protection: Your persona the data protection is accepted.		ccording the substitutive decre	e n. 196/2003. Herewith
Location	date	client sign:	ature







