

#RRC20



HOTEL BOOKING FORM

TEAM COORDINATOR

PHONE

EMAIL

COMPANY NAME

ADDRESS

VAT

ROOMS REQUEST

| TYPE (2*/3*/ECT.) | ROOMS TYPE | N° ROOMS | CHECK-IN DATE | CHECK-OUT DATE |
|------------------------------|-----------------------|-----------------|----------------------|-----------------------|
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To reserve your rooms please fill out this form and write to:

reservations@rallydiromacapitale.it 20,00€ deposit per room night will be needed.