



Contact person: **Moulay Abdallah Alaoui**
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LUXEMBOURG CUP 2015
18th 19th 20th of December 2015
HOTEL BOOKING FORM

Please return this form **duly completed** latest by 18th November 2015.

COUNTRY/CLUB.....**FAMILY/.CHRISTIAN NAME**.....
ADDRESS (*private*).....
ZIP CODE / CITY.....**COUNTRY**.....
TEL.....**FAX**.....
EMAIL.....**PASSPORT NUMBER**.....
DATE AND PLACE OF BIRTH.....**NATIONALITY**.....

Above information given by you will ensure a quick and efficient check-in

- | | | |
|---|------------|--|
| <input type="checkbox"/> Standard Guestroom rate (1 person) per night | EUR 75,00 | <input type="checkbox"/> Queen Bed |
| <input type="checkbox"/> Standard Guestroom rate (2 persons) | EUR 85,00 | <input type="checkbox"/> Twin Bed <input type="checkbox"/> Queen Bed |
| <input type="checkbox"/> Superior Guestroom rate (1-3 persons) | EUR 95,00 | <input type="checkbox"/> Twin Bed <input type="checkbox"/> Queen Bed |
| <input type="checkbox"/> Deluxe Guestroom rate (1-4 persons) | EUR 125,00 | <input type="checkbox"/> Twin Bed <input type="checkbox"/> Queen Bed |

Number of Persons in the room: _____

All Rooms are Non Smoking Inclusive buffet breakfast, tax and service charges

A block of rooms have been reserved, please note that we have a **limited number of Standard twin rooms** (31), every rooms more than is going to be superior rooms or Deluxe rooms upon availability

This reservation is subject of availability within group room block.

- | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Dinner Menu 2 dishes at 15.00€ (Soup +Chef's Dish) | <input type="checkbox"/> 15.12 | <input type="checkbox"/> 16.12 | <input type="checkbox"/> 17.12 |
| Number of Person for Dinner: _____ | <input type="checkbox"/> 18.12 | <input type="checkbox"/> 19.12 | <input type="checkbox"/> 20.12 |

Referring to above event, I would like to make following reservation at the DoubleTree by Hilton Luxembourg

→ **ARRIVAL ON:** → **DEPARTURE ON:**
(Please note that official check-in time is as of 2:00 p.m.) (Official checkout time is before noon).

I guarantee my reservation with the following credit card details or by sending a copy of bank transfer (OBLIGATORY) The booking will be confirmed when 100% of the total amount of your stay will be received/charged.

Credit card: ☐ VISA ☐ AMEX ☐ MC/EUROCARD ☐ DINERS ☐ OTHER.....
Credit card number: Expiry date:
Card Owner:

Free cancellation until 1st of November 2015;

If you cancel between the 02nd of November to the 10th of December, the value of the first night will be not reimbursed.
For any cancellation occurring between the 07th of November to the arrival date: 100% penalty

Down payments: Thank you for transferring the required **pre-payment** to the following bank account:

Reference : Country+GRS2014

BIC: BCEELULL – Banque et Caisse d'Epargne de l'Etat

IBAN : LU80 00 19 1100 3015 8000Account Holder : Albergo S.A.R.L

BIC Code:BCEELULL