## Ivan's House

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## RESERVATION FORM

CHECKIN	CHECK OUT	# NIGHTS	#PAX	RATE PER NIGHT	TOTAL PRICE	
	P. Committee of the com					
OTHER:						
					\$	
Please provide the following information:  Name: Address:						
Name: Address: E-mail:						
Date of arrival: Date or departure:						
Credit Card Information:  I, hereby authorize Zuma Tours S.A. to charge to my						
VISA MASTER CARD						
#	Exp. Date					
Passport #			Cou	ntry	\$\$	
I agree to pay the above-authorized amount without having signed the original charge voucher.						
Signature of the cardholder:						
Cancellation: No charge for cancellations 45 or more days prior to reservations. Full charge for "NO SHOW" and cancellations less than 45 days prior to reservation.						
I have read and understood the above and I am in full agreement.						
Signature: Date:						

