

RESERVATION FORM FOR EDISU RESIDENCE FACILITIES

 FORESTERIA@EDISU-PIEMONTE.IT  WWW.EDISU.PIEMONTE.IT

The undersigned _____ Mobile phone _____

Guest of the EDISU residence _____ in the room _____

Requests to use the guesthouse service for the following persons in _____ rooms

Please indicate if accommodation in separate single rooms is requested Yes No

Please provide the email address of the contact person _____

1 SURNAME AND NAME _____

Born in _____ County _____ Date of birth _____

Sex F M Citizenship _____

Arrival date _____ Departure date _____

Parent Brother/Sister Grandfather/Grandmother Spouse Other

2 SURNAME AND NAME _____

Born in _____ County _____ Date of birth _____

Sex F M Citizenship _____

Arrival date _____ Departure date _____

Parent Brother/Sister Grandfather/Grandmother Spouse Other

3 SURNAME AND NAME _____

Born in _____ County _____ Date of birth _____

Sex F M Citizenship _____

Arrival date _____ Departure date _____

Parent Brother/Sister Grandfather/Grandmother Spouse Other

4 SURNAME AND NAME _____

Born in _____ County _____ Date of birth _____

Sex F M Citizenship _____

Arrival date _____ Departure date _____

Parent Brother/Sister Grandfather/Grandmother Spouse Other

TURIN, _____

SIGNATURE _____