

ACCOMMODATION BOOKING FORM



Special group tariffs have been negotiated. Please indicate your choice of accommodation and date of ARRIVAL and DEPARTURE. Please forward the completed form to: resoffice@champagnesportsresort.com

BOOKINGS CLOSE: 31 January 2025 – after which bookings would be subject to availability

Bianca Ayliffe, Reservations Coordinator Champagne Sports Resort

| Private | Central Berg Ro Bag X9 ton, South Afric | | | Fax Email Web | | hampagnesportsresort.com esportsresort.com | |
|-----------------|---|---|-----------------------|---------------------|--------------------|---|------|
| Please indicate | e your choice of | f room: | | | | | |
| | ROOM The | e resort is holding 120 f ow: | notel rooms. | | | HOTEL | |
| Single: | R 1,950.00 | per person per night, A | Accommodat | ion & B | Breakfast Includ | | |
| Twin/Double | e ։ R1,460.00 բ | per person sharing pe | r night, Accor | nmoda | tion & Breakfas | st included | |
| The above rates | s quoted are inc | clusive of accommodation | , breakfast and | 15% VA | T. | | |
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| Please note the | at check-in is a | at 14:00 and checkout is | at 10:00 on da | y of de | <u>parture.</u> | | |
| | | ll rooms are non-smoking | | | | | |
| | | | PLEASE P | RINT (| CLEARLY: | | |
| NAME | Title | First Name/Initials | | Surnam | ne | | |
| NAME SHARIN | G Title | First Name/Initials | | Surnam | ne | | |
| ADDRESS (Pls | incl. Company | Name & VAT No. if requir | ed for your invo | oice) | | | |
| | | | | | POST | AL CODE | |
| TELEPHONE (\ | work) | | (Cell) | | EMAI | L | |
| DATE OF ARR | DATE OF DEPARTURE | | | | | | |
| *ACCOMMOD | ATION IS <u>SUE</u> | SJECT TO AVAILABILIT | <u>ry</u> & confiri | MATION | I GIVEN UPON I | RECEIPT OF FULL PAYM | ENT* |
| I WISH TO PAY | / BY EFT: 🔲 | (Account info. will be prov | ided on your inv | voice) | | | |
| I WISH TO PAY | BY CREDIT C | ARD: 🔲 (A Paygate lin | k will be forwar | ded thro | ugh to you with th | e invoice) | |
| - The hotel do | es not accept | cheques | | | | | |
| PLS SCAN & E | MAIL: This form | n should be completed an | d <u>returned dir</u> | ectly to | Champagne Spo | orts Resort. | |
| | | | | | | | |
| SIGNATURE | | | | | | DATE | |