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Cycle travel application form

To be faxed to: +39 0707731014, or be sent via email to: info@ichnusabike.it

Cycle travel name.....

Period:days.....Nights..... Date of departure:.....

Kind of travel: self guided tour Group tour

Number of bookings n°..... people

Accommodation:

N°.....single rooms Bikes one's own bike
N°.....twin rooms Bike to rent
N°.....Double rooms (man cycle n°.....,woman cycle n°.....)
N°..... triple rooms MTB Citybike

Extra night:

Number of night..... from to.....; place.....
Number of night..... from to.....; place.....

Extra service:

Single room extra fare:
Cancellation of travel insurance:
Transfer not included in the rate
Please specify.....; number of people.....
Packed lunch for self-guided tours
Other service
Please sp.:.....

Personal information:

Name.....Surname..... Date of birth.....
Address.....Zip code.....Town.....
Country.....Email..... Height(in case you rent a bike)cm.....
Phone number.....Fax.....
Mobile(we need it for you arrival in Sardina).....

Other participants				
Name	Surname	Date of birth	Address	Height(in case you rent a bike)cm

Needs.....
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All customers are informed that personal information will be used according to law provision 675/96 and that any personal information will be exclusively treated by the company that offer you tourist service. Every personal information will never be shared without your permission an that it could be cancelled on your request.

Date..... Signature.....