

REGISTRATION FORM



BELENUS
THERMALHOTEL
SUPERIOR
ZALAKAROS

Please send the completed application form to info@belemushotel.hu . Thank you!

1. person

Name:	
Date of birth:	
Home address:	
Card or pass:	
Nationality:	

2. person

Name:	
Date of birth:	
Home address:	
Card or pass:	
Nationality:	

3. person

Name:	
Date of birth:	
Home address:	
Card or pass:	
Nationality:	

4. person

Name:	
Date of birth:	
Home address:	
Card or pass:	
Nationality:	

5. person

Name:	
Date of birth:	
Home address:	
Card or pass:	
Nationality:	

Other Data

Arrival:	
Departure:	
Your e-mail:	
Phone number:	

Arrive by car: Yes No

Car license No.:

I need a hotel parking space: Yes No

Meal times

Kérjük, válasszon! / Bitte auswählen! / Please choose!

- 1st time (breakfast 7.30-9.15, dinner 17.45-19.15)
 2nd time (breakfast 9.15-11.00, dinner 19.15-20.45)

We try to fulfill your request depending on the available capacities, the order in which the application forms are returned and the regulations.

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Signature