REGISTRATION FORM

BELENUS THERMALHOTEL ★ ★ ★ SUPERIOR ZALAKAROS

Please send the completed application form to info@belenushotel.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:	

If a dog is also arriving, the dog's name: _____

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 7.30-9.00, dinner 17.45-19.30)

☐ 2nd time (breakfast 9.00-11-00, dinner 19.30-21.00)

We try to fulfill your request depending on the free capacities and regulations.

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Signature