

**Casa al Vento  
Booking Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Dates of Booking: From Sat:** \_\_\_\_\_ **to Sat:** \_\_\_\_\_

**Number of Weeks:** \_\_\_\_\_ **Number of people: Max 8** \_\_\_\_\_

**I enclose a deposit of \$** \_\_\_\_\_ **(25% of total rental) + \$** \_\_\_\_\_ **(returnable breakage deposit) for a total of \$** \_\_\_\_\_

**I understand and agree** \_\_\_\_\_ **(Please initial) to abide by the Booking Conditions (click to view).**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed booking form to:**

**Carol L Harwell**  
[crsmsqwn@mindspring.com](mailto:crsmsqwn@mindspring.com)  
**3155 Roswell Road, Suite 310**  
**Atlanta, GA 30305 USA**

**Fax: 01.770.234.5766**  
**Tele US: 01.404.840.1640**  
**Tele Italy: 39339.2262.151**