



The Caribbean Experience

RESERVE FORM



Nome (as shown on the credit card): _____

Last Name: _____

Credit Card N°: _____ **Expiration Data:** ____ / ____ / ____

Total Amount in: _____ **Nationality:** _____

Passport N°: _____

Number of Rooms: _____ **Number of People:** _____

Data of Arrival: ____ / ____ / ____ **Data of Departure:** ____ / ____ / ____

Number of Nights: _____

Additional Comments: _____

E-mail: _____ **Tel. number:** _____

All Guests must AGREE TO THE FOLLOWING CANCELLATION POLICY :

I ACCEPT THE CONDITIONS OF RESERVATION AND AGREE TO PAY WITH CHARGE ON MY CREDIT CARD THE AMOUNT HERE APPROVED WITH MY SIGNATURE IN ORDER TO GUARANTEE THE RESERVATION.

- * More than 30 days notice NO charge
- * 30 to 15 days notice: 25% Charge of total nights reserved
- * 14 to 8 days notice: 50% Charge of total nights reserved
- * Less than 7 days: 100% Charge of total nights reserved

(all room nights charged including tax).

Signature

**TO GUARANTEE YOUR
RESERVATION PLEASE FAX THIS
FORM TO (506) 2750-0825**