

MODULE DI CHECK IN

MOBILEHOUSE N°

STAY FROM TO

By filling out the following form, carefully indicating all the members of the family and the information requested, you will help us to accelerate the check-in procedure upon your arrival.

HOUSEHOLDER:

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>
	Born To	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/>
			Nationality	<input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>
			PC	<input type="text"/>
			Street	<input type="text"/>
	Identity Card	<input type="text"/>	N°	<input type="text"/>
			Released by	<input type="text"/> The <input type="text"/> <input type="text"/> <input type="text"/>
	Phone N°	<input type="text"/>	Phone N° 2	<input type="text"/>
			Released in	<input type="text"/>
	Car Model	<input type="text"/>	License plate	<input type="text"/>
			e-mail	<input type="text"/>

ALTRI COMPONENTI IL NUCLEO:

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>	Born In	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>	Pc	<input type="text"/>	Str.	<input type="text"/>
							Nationality	<input type="text"/>
	Identity Card	<input type="text"/>	N°	<input type="text"/>	Released by	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
							in	<input type="text"/>

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>	Born In	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>	Pc	<input type="text"/>	Str.	<input type="text"/>
							Nationality	<input type="text"/>
	Identity Card	<input type="text"/>	N°	<input type="text"/>	Released by	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
							in	<input type="text"/>

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>	Born In	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>	Pc	<input type="text"/>	Str.	<input type="text"/>
							Nationality	<input type="text"/>
	Identity Card	<input type="text"/>	N°	<input type="text"/>	Released by	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
							in	<input type="text"/>

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>	Born In	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>	Pc	<input type="text"/>	Str.	<input type="text"/>
							Nationality	<input type="text"/>
	Identity Card	<input type="text"/>	N°	<input type="text"/>	Released by	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
							in	<input type="text"/>

<input type="checkbox"/>	Surname	<input type="text"/>	Name	<input type="text"/>	Born In	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
	Residence	<input type="text"/>	Prov	<input type="text"/>	Pc	<input type="text"/>	Str.	<input type="text"/>
							Nationality	<input type="text"/>
	Documento	<input type="text"/>	N°	<input type="text"/>	Released by	<input type="text"/>	The	<input type="text"/> <input type="text"/> <input type="text"/>
							in	<input type="text"/>

I confirm that I have read the Privacy Policy.

I authorize the processing of my personal data of the regulation DPR 2016/679.

Once the form has been downloaded and filled in, it can be sent using the two methods of your choice:

fax : 0766 814092

e-mail : frontoffice@rivadeitarquini.it