

Name / Adress for Account	

Tel.:	Fax:

E-Mail:	



MEALRESERVATION

DATE: from	to		
NAME of attendant course instructor:	COURSE/ SPORT:		
Total number of participants:	off teen:	adult:	
dinner times:	breakfast	<input type="radio"/> 07:00 a.m.	<input type="radio"/> 07:30 a.m. <input type="radio"/> 08:00 a.m.
	lunch	<input type="radio"/> 12:00 a.m.	<input type="radio"/> 00:30 p.m. <input type="radio"/> 01:00 p.m.
	dinner	<input type="radio"/> 06:00 p.m.	<input type="radio"/> 06:30 p.m. <input type="radio"/> 07:00 p.m.
menu wishes:		
		
		
	Mr. Zwieselbauer will contact you for futher details.		

Cancellation: Cancellation 3 weeks and more before arrive - 0 %;
 3 weeks to 1 week before arrive - 50 % and 1 week or less before arrive - 100 %.

All premises of the SPORT.ZENTRUM.Niederösterreich are strictly non-smoking areas!

The authorised signatory affirms that the applications and house rules are noted and forwarded to the responsible instructor!

.....

date and sign from the authorised signatory

filled out by the restaurant

Other:

.....

Date: