



APPLICATION FORM FOR TICKETING SERVICES FOR

WORLD CHAMPIONSHIP OF KITE SURF

CAGLIARI 17 – 21 OCTOBER

Form to fill in and send out (by Fax at n. **070/260479**, or by email to:

falchirobi.ts@gmail.com

Or to: roberta.falchi@touristsmile.com) along with a copy of the transaction has been paid,

be undertaken according to the terms set out below:

- Bank transfer registered to: FALCHI ROBERTA

BANCA INTESA SAN PAOLO

Subsidiary of Via Monserrato, 82 09028 Sestu (CA)

IBAN: **IT92C0306944021227152567199**

BIC/SWIFT: **BCITITMM**

Purpose : Reservation's request for ticketing services world championship of kite surf

Recharge a prepaid card: **POSTEPAY EVOLUTION**

5333 1710 1667 1022 SCAD. 10/20

Registered to: Falchi Roberta

FLCRRT63L70E472Y

Name

Surname

Address:

Town:

State:

Phone:

Fax:

Mobil Phone:

Email:

Date of arrival

Date of departure

PASSPORT N.

IDENTITY CARD N.

TOURIST Smile

Date of birth & Citizen _____

Date of issue _____ EXPIRY DATE _____

FLIGHTS : AIRLINE COMPANY

FLIGHTS : LOW COST AIRLINE

Class _ economy _ business (Availability and fares on demand)

Preferred seats (in case of preassignment) _ Aisle _ window _ middle

Number of participants

Note: Any request of service transfer to and from Hotel

Cancellation policy: In case of no show or Booking cancellation of the hotel reservation no refund
For the cancellation on 3 days before 50% of penalty , on 10 days before 30% of penalty

Signature _____

TOURIST SMILE SRLS

Sede Legale: Via Don Sturzo, 13 – 20010 - Bareggio (MI)
Sede Operativa: Via Santagostino, 30 – 27022 - Casorate Primo (PV)
P.Iva 09126240960

Contact person: **ROBI TOURIST SMILE**

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Email: roberta.falchi@touristsmile.com – falchirobi.ts@gmail.com