



First name :	me : Last name :								
Date of birth : / /									
Address :									
Zip code : Town :					Country	:			
Email :				Pho	one:				
Participants					Options				
First name Last name		D	ate of b	irth		□ End of star □ Baby cot : □ Baby high □ Baby bath □ Baby kit (c □ Sheet set	chair: :: :ot, highchair, bath single bed: double bed:	80 € 15 € / stay 15 € / stay 5 € / stay	
Your dates of stay Arrival:	,	Arrivals froi	n 4 p.m.	. – Departures b	efore 10	a.m.	Sheets ar		
☐ Sabi-Primo ☐			☐ Sabi-Plaisir+			i-Cocoon	☐ Sabi-Vacances		
☐ Sabi-Espace (Numbers 5, 19, 20) Only the Sabi-Cocoon, Sabi-Espace, Sabi-De	(Numbe étente, Sab	- Détente ers 7, 8) pi-Patio and	□ (Nun Sabi-Gr		☐ S (Nun		□ Sabi-Grar (Number 5	le (see prices).	
The location number is fixed according to t	he requirei	ments of ou	ir planni	ng. We will take	e your req	uests into acci	ount wherever p	ossible.	
Amount of your stay	Stay		Payment choice Bank transfer						
Amount of options	Options					310 2843 12	28 4220 464 -	Code BIC : AGRIFRPP817	
Tourist tax Adult +18yo x 0,66€ x number of nights	TT			☐ Bank card contact us by telephone to make payment					
Cancellation insurance (optional) 4,5% of (Stay + Options)	CI					ccept the gene egulations of t	-	f sale and reservation, as	
Booking fee	BF	18	€					Date :	
Total stay Stay + Options + TT + Cl + BF	Total					Signature (preceded by the	words read and approved)	
Down payment 30% de (Stay + Options)	Down-P								
Payment for reservation Down-P + CI + BF	То рау								

The balance of your stay must be paid 30 days before your arrival. If your stay is in less than 30 days, the Total must be paid upon reservation.