Booking form

Accommodation in SSM Moryń

Please complete legibly and send the form

e-mail: schronisko@moryn.pl

Name _____ Surname _____

or name of the institution _____

Address _____

Telephone _____

e-mail _____

Total number of people: _____

Type of room	Deadline for reservation
3 persons room	
4 persons room	
4 persons room with a shower	
6 persons room	
6 persons room	
7 persons room with a shower	

Bill request (YES or NO) _____ **Method of payment:** _____ CASH _____ TRANSFER

Payment by bank transfer after the events can only be done after receiving the approval of the Management

Overnight stay bill make out to :

Name of the institution: _____

Address (with post code): _____

NIP number (in form: 000-000-00-00): _____

Name of person making the reservation: _____

Address to which to send the bill: _____

Signature of person making the reservation: _____

Date: _____