



HOTEL RESERVATION FORM

U.S. NAVY BALL - October 18th 2025



SURNAME _____ NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

NUMBER OF NIGHTS _____ PHONE NUMBER _____

E-MAIL _____

INVOICE ADDRESS _____

CITY _____ NOTE _____

PLEASE BOOK THE FOLLOWING ROOM : TREATMENT OF BED AND BREAKFAST

- IN STANDARD DOUBLE SINGLE USE (1 PERSON) € 110,00 PER NIGHT
- IN STANDARD DOUBLE ROOM (2 PERSONS) € 150,00 PER NIGHT
- IN STANDARD TWIN ROOM (2 PERSONS) € 150,00 PER NIGHT
- IN DELUXE DOUBLE ROOM With entrance to spa included (2 PERSONS) € 270,00 PER NIGHT

PLEASE SEND A COPY OF YOUR PASSPORT OR IDENTITY CARD FOR A FAST REGISTRATION (NOT COMPULSORY)

NAME OF OTHER PEOPLE IN THE ROOM (IF DOUBLE) WITH DATE OF BIRTH AND PLACE OF BIRTH _____

PLEASE INFORM US OF ANY ALLERGIES _____

City tax Euro 1.25 per person per night (except over 70 years and minor of 16 years old)

FREE SHUTTLE BUS FOR CAPACCIO – ROCCADASPIDE STATION OR PAESTUM TRAIN STATION
TO BE RESERVED UP TILL ONE DAY BEFORE ARRIVAL DATE AT info@hotelariston.com

To confirm the reservation we require Credit card number and expire date (only to guarantee the reservation)_or you can send us a bank tranfer to our bank :

**UNICREDIT BANK - IBAN IT 23 H 02008 76021 000500090640- SWIFT CODE UNCRITM 16 44
- Account of HOTEL ARISTON S.r.l.**

Total payment on arrival - Cancellation is possible with no charge until ten days before arrival date

PLEASE SEND THIS FORM BY E MAIL TO info@hotelariston.com AND WE WILL CONFIRM YOUR RESERVATION

Date _____ SIGNATURE _____

All data entered will be processed by the individual structures only for the purpose of guaranteeing the correct procedures relating to hotel bookings, in observance of the conditions dictated by Legislative Decree no. 196/2003 on Privacy. Sending this form implies the reading and acceptance of the rates, payment and cancellation methods relating to the Hotel where this reservation is made and indicated in the document