



HOTEL

# LA CAMINERA

CLUB DE CAMPO

Following local rules and regulations and in order to provide a personalized service, we kindly ask you to complete the following form and to return it at least 72 hours prior to the arrival date.

## AIRCRAFT INFORMATION

Aircraft Model:	<input type="text"/>	Aircraft Registration Number:	<input type="text"/>
Airline:	<input type="text"/>	Airline Tax Number:	<input type="text"/>
Airline Address:	<input type="text"/>	Country:	<input type="text"/>
		Airline Representative:	<input type="text"/>

## FLIGHT INFORMATION

Arrival Date:	<input type="text"/>	ETA:	<input type="text"/>	Arriving from:	<input type="text"/>
Departure Date:	<input type="text"/>	ETD:	<input type="text"/>	Departing to:	<input type="text"/>

## PASSENGER INFORMATION

NAME AND LAST NAME	DATE OF BIRTH	ID / PASSPORT NUMBER	VALID UNTIL	NATIONALITY

## CREW INFORMATION

Captain:	<input type="text"/>	Nationality:	<input type="text"/>	License #:	<input type="text"/>
First Officer:	<input type="text"/>	Nationality:	<input type="text"/>	License #:	<input type="text"/>
Number of pax TCP:	<input type="text"/>				

## ADDITIONAL REQUIREMENTS & INFORMATION

We will contact you should you have any additional needs to quote and to request further information.

Refuelling Need:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hangar Storage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In flight Catering:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crew Lodgement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other: