RESERVATION





CAMPING BLAARMEERSEN

Campinglaan 16- 9000 Gent
 Tel :(+32) 9 266 81 60
camping.blaarmeersen@stad.gent
[www.gent.be/blaarmeersen](http://www.gent.be/blaarmeersen)

 Correspondence address:
 Farys/TMVW Stropstraat 1 – 9000 Gent

|  |  |  |
| --- | --- | --- |
| I’ M COMING WITH |  | MOTORHOME ( size: ………… m)CARAVAN ( size: ………… m) + CARTENT TRAILER ( size: ………… m) + CARTENT ( size: ………………m²) + CAR TENT + BY BIKE/ON FOOTCABIN ( MAX 4 PERSONS, MAX 3 NIGHTS ) |
|  |
|  |
|  |
|  |
|  |
| NUMBER OF PERSONS > 12 YEARS |  |
| NUMBER OF CHILDREN 5–12 YEARS |  |
| NUMBER OF CHILDREN < 5 YEARS |  |
| ELECTRICITY |   | NO  |  | YES : length of your cable…………m |
| DOGS |   | NO |  | YES | NUMBER: |

|  |  |
| --- | --- |
| **DATE OF ARRIVAL:** |  |
| **DATE OF DEPARTURE:**  |  |
| NUMBER OF NIGHTS  |  |

|  |  |
| --- | --- |
| **NAME:…………………………** | **FIRST NAME:…………………** |
| BIRTHPLACE:……………… | BIRTHDATE:……………… |
|  |  |
| STREET + NR.:……………… |  |
| POSTCODE:………………… | CITY/TOWN:…………… |
| NATIONALITY:……………… |  |
| N° ID OR PASSPORT:…………………… | PHONE NUMBER:……… |
| LICENSE PLATE:……………… | E-MAIL ADRESS:…………… |
|  |  |
| COMPANIONSNAME:……………………… | BIRTHDATE:……………… |
| NAME:……………………… | BIRTHDATE:……………… |
| NAME:……………………… | BIRTHDATE:……………… |
| NAME:……………………… | BIRTHDATE:……………… |
| NAME:……………………… | BIRTHDATE:……………… |

|  |  |
| --- | --- |
| PREFERENCE OR REMARQUES |  |