

Villa Thaifa
HOTEL REGISTRATION FORM

Check-in Date

Friday, December 19, 2025 15:00

Check-out Date

Sunday, December 21, 2025 11:00

Duration of Stay

2 Night(s)

Agency

Online

Reservation Information

R851824230

Room Type	Room Number	Room Rate
Family Suite	11	Master rate

Guest Information		
Full Name	Said Thaifa	Phone
Country	MA	City
Nationality	MA	Nationality ID
E-mail		Plate

Note

Total Cost

€ 0.00

Date

20/12/2025

Signature