

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

Date

Signature

€ 0.00

20/12/2025