

If you want to make a reservation, please fill in,
print and send the form by FAX +30 28220 22475



Booking Form

First Name:

Family Name:

Address:

City:

County/State:

Postcode/Zip:

Email Address:

Phone Number:

Message:

Room Type: SINGLE ROOM
1 GUEST DOUBLE BEDDED ROOM
2 GUESTS

TWIN BEDDED ROOM
2 GUESTS THREE BEDDED ROOM
3 GUESTS

Number of persons -
adults: Number of Children's

Age of Children's

Date of Arrival:

Date of Departure:

Payment Type: Cash Bank Deposit Card

Kissamos Hotel

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