

### Pre-arrival Form

#### Your details

What email address can we contact you on? *		
umber of guests staying in this villa		
dults*		
hildren over 9		
ames of all the guests staying in this villa		
uest 1 Title*		
uest 1 First name *		
uest 1 Last name*		

Guest 2 Title		
Guest 2 First name		
Guest 2 Last name		
Guest 3 Title		
Guest 3 First name		
Guest 3 Last name		
Guest 4 Title		
Guest 4 First name		
Guest 4 Last name		

Arrival date		
Day	*	
Mor	nth *	
Year	*	
Arriv	val flight number *	
Arriv	val flight time *	
	What's your story of a small island	
We	want to	
	Relax, de-stress, sleep better and chill out	
	Eat, drink and be merry	
	Get out and about, see the island, do things	
	Spa	
	Dive	
	Snorkel/Watersports	
	Other	

### In your villa

# **Bathrobe** Small/Medium Large **Slippers** Small/Medium Large Wine fridge Please let us know if there are any specific wines you'd like us to place in your wine fridge ☐ Red ■ Sommelier's mixed selection White ☐ Please send me the wine list so I can choose Rosés ☐ I know what I want Mini Fridge Please let us know if there are any specific foods or gourmet treats you'd like us to place in your mini fridge or in your villa

## Your story

	We're planning something romantic during our stay. Please ask your romance manager to contact us to make				
	arrangements				
	We want to get married and would like to book our ceremony				
	We'll be celebrating a special occasion or anniversary and would like to make arrangements. Please contact us				
	We'd like to book spa treatments. Please send us the spa menu				
	We'd like to know more about your seven-day spa programme				
	We'd like to know more about your sleep programme				
	Tell us more about your yoga classes				
	We want to explore the ocean. Please send us the Ocean Stories Aquatic Centre dive list				
	We'd like to arrange something special in our villa (eg: flowers/bed decoration/cake)				
	What we need to Know About You				
D	iet				
Г	Gluten free				
_					
	- 110 Scalou				
	_				
	Nut free				
	J Lactose free				
	We can't eat the following				
Α	Allergies				
	I am/we are allergic to				
П	·				

Assistance I/we need special assistance		
	Partial vision/blind	
	Deaf/hearing impaired	
	Limited mobility	
	Other	
_		
Spe	cial	
	We're celebrating an anniversary on	
	We're celebrating a birthday on	
Ple	ase let us know few more details regarding the event	

<sup>\*</sup> Required Field