

Authorization for hotel stay for minors

THIS FORM MUST BE FILLED OUT, PRINTED AND HANDED IT AT THE RECEPTION DURING YOUR CHECK-IN

I, the undersigned (name surname),

parent / legal guardian of (name surname boy)

I declare that I authorize the stay at your (name of the facility)

located inin the period and I declare that I am

responsible for all the activities of the boy, raising (name of the facility)
and its representatives / employees / collaborators, from any responsibility, both towards me and against
third parties.

My phone numbers to be contacted immediately for the occurrence of any need:

cell phone

home telephone

work phone

I am attaching a photocopy of my identification document to this letter

Signature of the parent or legal guardian

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