- **2012 MACIFILIA HOLIDAY INSURANCE SUBSCRIPTION- (OPTIONAL INSURANCE)**

CAMPSITE DE LA PLAGE
20 RUE DU POULQUER
29 950 BENODET
France
TEL N°: 33(0)2 98 57 00 55
FAX N°: 33(0)2 98 57 12 60

Mr and Mrs…….
…….
……
……..
……

…….2012

- **CAMPSITE DE LA PLAGE- 29 950 BENODET - France**
  CONTRACT N°: 92 600/2011

Dear Mr…….
Dear Mrs……

We thank you very much for your booking in our campsite.
For even more safety for you and your family during your holidays,
we suggest you to subscribe to Macifilia Insurance along with your camping booking before your departure.
This insurance is optional; you are completely free to subscribe or not , to this insurance.
If you do not subscribe to Macifilia Insurance , you will then respond to the Campsite de la Plage's own cancellation policy (see written conditions in our brochure).
If you choose Macifilia Insurance, please fill the following insurance booking form down below and join it along with your campsite booking.
The Macifilia Insurance rate is based on 3% of your holiday total cost (camping-caravaning or rental).
(Booking fees and local tourist taxes are not to be included).
You can join the 3% insurance amount along with your campsite booking deposit.
Once your booking registered, you will get a written confirmation in return.

Looking forward to welcoming you and your family on our site.
Yours sincerely
Camping de la Plage 29 950 Bénodet

……..

- **Macifilia Insurance subscription form to be completed and sent to:**
- **CAMPING DE LA PLAGE 29950 BENODET-FRANCE**

N° CONTRACT: 92600/2011

WE CONFIRM OUR BOOKING IN CAMPING DE LA PLAGE BENODET FOR THE FOLLOWING PERIOD FROM……TO……..…..2012.
WE WISH TO SUBSCRIBE TO MACIFILIA HOLIDAY INSURANCE FOR OUR HOLIDAY IN :
(PLEASE THICK YOUR CHOICE)

- ❑ **A CAMPING-TOURING PITCH - PRICE/WEEK:……EUROS**
- ❑ **A CARAVAN RENTAL - PRICE/WEEK:……EUROS**
- ❑ **A MOBIL-HOME RENTAL - PRICE/WEEK:……EUROS**
- ❑ **A CHALET RENTAL - PRICE/WEEK:……EUROS**

TOTAL AMOUNT OF YOUR HOLIDAY:……..…..EUROS
X 3% INSURANCE RATE=TOTAL INSURANCE COST:……..EUROS TO BE PAID.

❑ **PLEASE MENTION THE NAME AND SURNAME OF RESIDENTS:**

1. **---------- -------**
2. **----------**
3. **----------**
4. **----------**
5. **----------**
6. **----------**

DATE…….YOUR FULL NAME IN CAPITAL LETTERS……
……
PLEASE SIGN THIS DOCUMENT:……...