**Group Discount Request**

Group Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accomodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **SKIPASS LIVIGNO** | | | | | | |
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| **N.** | **First Name** | **Last Name** | **Birth Date** | **Email** | **Starting Date** | **Skipass Duration** |
| *EX.* | *Mario* | *Rossi* | *25/03/1980* | *mariorossi@gmail.com* | *03/12/2022* | *6 days* |
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Invoice: **Yes / No** Signature And Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If yes, send your billing information)*