



Dear Guest,

We are looking forward to welcoming you to Bruges and Hotel Dukes' Arches****.

We are holding a limited number of rooms from Monday May 26th to Thursday May 29th 2025 bookable at the following preferential rates:

Room rate from Monday May 26 th to Thursday May 29 th 2025
€ 168 single occupancy per room per night
€ 188 double occupancy per room per night

If you want to make a reservation, please return this document by email to sales@dukesarches.com no later than Monday January 27th 2025.

After this due date, the blocked rooms will be released. Then rooms can only be reserved according to availability and different room rates may apply.

Reservations are only valid after a written confirmation by the hotel and acceptance of your credit card guarantee. 4 weeks prior to arrival a guarantee will be taken. The preferential rate is only valid with CC-guarantee.

Following cancellation conditions apply:

- Cancellation as from 4 weeks prior to arrival: 50% cancellation fee
- Cancellation as from 2 weeks prior to arrival: 100% cancellation fee

All rates include a buffet breakfast, VAT, use of the wireless internet and free access to our wellness area. The city tax of € 4,00 per person per night is not included in the room rate.

To secure your reservation at the preferential rates, please fill out this document with your CC-details.

If you have any further queries, please don't hesitate to contact us at sales@dukesarches.com.

Thank you for your reservation.

Kind regards,

Team Hotel Dukes' Arches-Adults Only ****

Reservation Form

Family Name:	First Name:
Arrival Date:	Departure date:
# Single Rooms (one guest):	# Double/Twin Rooms (2 guests):
Room rate from Monday May 26th to Thursday May 29th 2025	
€ 168 single occupancy per room per night € 188 double occupancy per room per night The city tax of € 4,00 per person per night is not included in the room rate	
E-mail:	
Credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Expiry Date:
Credit card number and owner's name:	
Billing address on invoice <i>(only fill out if required):</i>	

Special Remarks:

Date:

Signature:

Please send this form signed to: sales@dukesarches.com