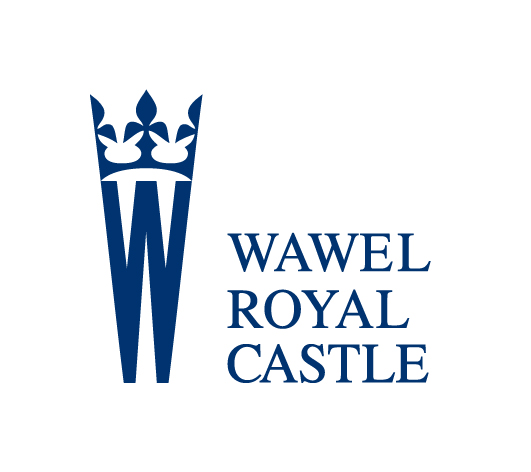
**Wawel Royal Castle**

RESERVATION FORM \*

|  |  |
| --- | --- |
| Date of visit: |  |
| Starting time of visit: |  |
| Number of persons: |  |

Chosen Exhibitions:

* *State Rooms*
* *Royal Private Apartments*
* *Crown Treasury and Armoury*
* *Royal Gardens*
* *Sandomierska Tower*
* *Dragon’s Den*

### Other ………………………………………………………….............................................…………

|  |  |  |
| --- | --- | --- |
| Guide – preferred language |  | |
| Name and last name  of the Organiser |  | |
| Company name |  | |
|  |  |  |
|  | Phone number | Fax number |
| e-mail address |  | |
|  | | |
| * Reservation Form should bee-mailed (at the latest) **14 days prior to the visit**: [bot@wawel.org.pl](mailto:bot@wawel.org.pl) or by fax: (+ 48 12) 422.64.64 You will receive confirmation no later than 3 days before the date of your visit. | | |