**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*
* *Oriental Art*
* *The Lost Wawel*
* *Wawel Recovered*
* *Wawel Architecture and Gardens* – Outdoor Tour
* *Sandomierska Tower*
* *Dragon’s Den*

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

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| 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 or by fax: (+ 48 12) 422.64.64You will receive confirmation no later than 3 days before the date of your visit.
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