

**AZIENDA TRASPORTI FUNICOLARI MALCESINE-MONTE BALDO**

Via Navene Vecchia, 12 - I-37018 MALCESINE (VR)

Tel. +39 045 7400206 - Fax +39 045 7401885 - info@funiviedelbaldo.it

**QUOTE**N°  **MANDATORY FORM FOR BOOKING AND PREPAYMENT FOR GROUPS****REQUEST**

Please fill in (editing the pdf) correctly the fields below  
highlighted in yellow to proceed with the group reservation based on the type.  
Requests filled in by hand will not be taken into consideration.

AGENCY NAME	
GROUP NAME	
DATE OF VISIT	
TIME OF ASCENT	

ADULTS GROUP		NUMBER OF PEOPLE
MEMBERS	ADULTS	
	GROUP LEADER <sup>1</sup>	
	NON-SELF-SUFFICIENT DISABLED PERSONS (Documentation required)	
	COMPANIONS OF NON SELF-SUFFICIENT DISABLED PEOPLE	

SCHOOL GROUP		NUMBER OF PEOPLE
MEMBERS	UNDER 14 YEARS	
	OVER 14 YEARS	
	TEACHERS <sup>2</sup>	
	NON-SELF-SUFFICIENT DISABLED PERSONS (Documentation required)	
	COMPANIONS OF NON SELF-SUFFICIENT DISABLED PEOPLE	

TOTAL NUMBER OF PEOPLE	
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INVOICE	YES
(Form to be filled in on the next page)	NO

EMAIL TO RECEIVE TICKETS	
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**QUOTE**

Leave the space highlighted in blue empty, ATF will take care of compiling the estimate. The same will be re-submitted filled with the data necessary for prepayment.

DATE OF QUOTE	
NOTES	

ADULTS GROUP		PRICE
MEMBERS	ADULTS	
	GROUP LEADER	
	NON-SELF-SUFFICIENT DISABLED PERSONS	
	COMPANIONS OF NON SELF-SUFFICIENT DISABLED PEOPLE	

SCHOOL GROUP		PRICE
MEMBERS	UNDER 14 YEARS	
	OVER 14 YEARS	
	TEACHERS	
	NON-SELF-SUFFICIENT DISABLED PERSONS	
	COMPANIONS OF NON SELF-SUFFICIENT DISABLED PEOPLE	

TOTAL PRICE	
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ONCE PAYMENT FOR THE AMOUNT MARKED ABOVE HAS BEEN RECEIVED, THE TICKETS WILL BE SENT BY EMAIL. ONCE THE EMAIL HAS BEEN RECEIVED, A CONFIRMATION OF THE RECEIPT OF THE TRAVEL TICKETS AND A VERIFICATION OF THE CORRECT QUANTITY, DAY AND TIME IS REQUIRED.
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**INFORMATIONS:**

The group rate is valid only for the entire Malcesine - Monte Baldo return journey.

- **ADULT GROUP** - For groups of at least 20 adults, the following discounts are applied:  
€20.00 per adult for the Malcesine/Monte Baldo return journey + 1 free ticket for every 20 paying people
- **SCHOOL GROUPS UNDER 14** - The following discounts are applied:  
€10.00 per person for the Malcesine/Monte Baldo return journey
- **SCHOOL GROUPS OVER 14** - The following discounts are applied:  
€15.00 per person for the Malcesine/Monte Baldo return journey

**Group Leader** <sup>1</sup> free for every 20 paying people.**Teacher** <sup>2</sup> receives the same rate as the student.**PAYMENT METHOD:**The bank transfer must be made **at least 10 working days before the date of use of the facility and the quote number must be indicated in the reason for payment.**

A copy of the payment receipt must be sent by email to info@funiviedelbaldo.it.

Once the bank transfer has been made, the Azienda Trasporti Funicolari Malcesine - Monte Baldo **will not issue any refunds.**

It is mandatory to also attach the list (names and date of birth) of the participants to the following form.

**Bank transfer to:**  
AZIENDA TRASPORTI FUNICOLARI MALCESINE - MONTE BALDO  
VIA NAVENE VECCHIA, 12  
37018 MALCESINE (VR), ITALIA

**At:**  
CASSA CENTRALE BANCA CREDITO COOPERATIVO DEL NORD EST S.P.A. - TRENTO  
IBAN: IT 31 i 03599 01800 000000134038  
BIC: CCRTIT21EST

**ISTRUCTIONS FOR THE GROUP:**

Please arrive no later than 10 minutes before the time indicated when booking the queue for ticket holders.

Each person must have their own ticket in order to avoid problems during boarding.

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### INVOICE FORM FOR GROUPS

PLEASE CUSTOMER TO COMPLETE AND CHECK CAREFULLY THE ACCURACY OF THE DATA ENTERED. A.T.F. MALCESINE MONTE-BALDO DISCLAIMS ALL LIABILITY FOR THE INCORRECT ENTRY OF THE FOLLOWING DATA AND CONSEQUENTLY FOR THE FAILURE TO ISSUANCE OF THE ELECTRONIC INVOICE. BY SIGNING THIS FORM YOU GIVE CONSENT TO THE PROCESSING OF PERSONAL DATA PROVIDED FOLLOWING THE REPORT SENT.

*The fields below are required. Please also fill out the form by editing the PDF file.*

MR. / MRS.	
TAX CODE	

*asks the Malcesine – Monte Baldo Funicular Transport Company to issue an invoice in favour of*

NAME OF COMPANY	
TAX CODE	
VAT Number	

HEADQUARTER IN	
REGION	
IN STREET	
N°	
POSTCODE	
COUNTRY	

TELEPHONE	
MOBILE PHONE	
EMAIL	

*for a quote request for the purchase of travel tickets*

MADE ON DATE	
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*The invoice must be sent by email to the email address:*

EMAIL	
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<b>PRIVACY POLICY</b>	
Pursuant to and for the purposes of art. 13 of EU regulation 2016/679 on the processing of personal data, by signing this form, you express your consent to the processing of your personal data.	
I AGREE	I DO NOT AGREE
Declares that he/she has read the "Customer Information (T2)" available at the web address <a href="https://pa.funiviedelbaldo.it/Amministrazione-trasparente/privacy-gdpr-6792016/">https://pa.funiviedelbaldo.it/Amministrazione-trasparente/privacy-gdpr-6792016/</a> , pursuant to and for the purposes of art. 13 of EU Regulation 679/2016, giving consent to the processing of personal data.	
I AGREE	I DO NOT AGREE