

# BOOKING FORM

(Please use BLOCK CAPITALS)

I wish to book: \_\_\_\_\_

For the period commencing

Friday \_\_\_\_\_ to : Friday \_\_\_\_\_

Saturday \_\_\_\_\_ to : Saturday \_\_\_\_\_

APPLICANT: (full name)

Title \_\_\_\_\_ Name. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Other members of Party, Surname, Title, (years/months if under 16)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of people staying at the property \_\_\_\_\_

I am booking MORE THAN 6 weeks in advance of my holiday and

I enclose a deposit of £ \_\_\_\_\_ 25% of the total charge

I am booking LESS THAN 6 weeks in advance of my holiday and

£ \_\_\_\_\_ the full payment

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Mrs Sheila Jackson.(01736 871384)

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