

BOOKING FORM

PLEASE USE BLOCK CAPITALS

PLEASE PRINT THIS FORM, COMPLETE IT WITH THE NECESSARY INFORMATION AND POST IT WITH YOUR CHEQUE, PAYABLE TO Ms S BASTIN, TO:

12 Armada Close
Churchdown
Gloucester
GL3 1ND

Full Name:	Home Tel: Fax:	Day Tel: Email:
Address:		No of weeks required:
Arrival date:	Departure date:	
Number of Adults:	No of Children:	
Names of other party members - please give ages of children		
Name of adults	Number of children	Age of children
<p>I am authorised to make this booking on behalf of my party. I am over 18 years of age.</p> <p>I enclose a non-refundable deposit of £_____ being 20% of the total holiday cost. I agree to pay the balance of £_____ 2 weeks before the start of the holiday. (If booking within 2 weeks of the holiday start date the full amount should be enclosed.)</p> <p>On arrival I will provide a cheque for £150 as a returnable damage deposit.</p> <p>I confirm that the use of the boat is at my own risk.</p> <p>Signature: Date: All cheques should be made payable to Ms S Bastin Note: It is advisable to arrange insurance against cancellation of your holiday.</p>		