

BOOKING FORM

PLEASE USE BLOCK CAPITALS

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

Mr R Bennett
12 Armada Close
Churchdown
Gloucester
GL3 1ND

Full Name:	Home Tel:	Day Tel:
	Fax:	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>We do/do not* require bedding for (number of beds) at £10.00 per bed. We do/do not* require towels for (number of persons) at £6.00 per head.</p> <p>Enclosed payment for bedding and towels in the sum of £.....</p> <p>* delete as appropriate 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>I will provide a cheque for £150 as a refundable damage deposit 14 days prior to holiday start date.</p> <p>Signature: Date:</p> <p>Note: It is advisable to arrange insurance against cancellation of your holiday.</p>		