Booking Form

Please reserve ……

for the persons named below for weeks from 2.30 p.m. on Friday/Saturday ……..…

to 10.0 a.m. on Friday/Saturday…….. at……. per week.

In the event of the above accommodation being booked, I am willing to accept ……

……as an alternative

Enter names of all persons occupying accommodation:

Mr/Mrs/Miss	Name	Full Address	Age if under 18

Date	Telephone no	Email Address

I undertake to observe the terms and conditions of reservation on behalf of the persons above and understand that cancellation can only be effected provided it is possible to re-let the accommodation for the period involved.

Please read Terms and Conditions overleaf carefully.

DEPOSITS/FINAL BALANCES CAN BE PAID BY DEBIT CARDS AND ALL MAJOR CREDIT CARDS (SMALL CHARGE FOR CREDIT CARDS). WE NEED YOUR EMAIL ADDRESS TO SEND CONFIRMATION.

Deposits on cancellations are not refunded. SAE for receipt.

Signature of person making the reservation……

VISA MasterCard SOLO Maestro