

# Booking form

Please use Capitals

Full Name.....

Address.....

.....Postcode.....

Home Telephone.....

Day Telephone/Mobile.....

Email.....

Numbers of weeks required:.....

Arrival Date.....Departure Date.....

Number of Adults.....Number of Children.....

Names of other Party members- (please give ages of children)

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I enclose a deposit of £..... Which is 20% of the total holiday cost.  
I agree to pay the balance of £..... Plus a refundable cheque of £100,  
6 weeks before the start of the holiday.

Signature.....Date.....

Once we have received your balance 6 weeks before the start date, we will  
send you details of where to find the house and arrangements for the key.  
Please return this form to; Mrs S Allen, 22 Sarsen Close, Swindon SN1 4LA