

Booking form

Please use Capitals

Full Name.....

Address.....

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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, 84 The Street, Crowmarsh Gifford, Wallingford, Oxon. UK. OX10 8ER.