

Booking Form

Booking Reference No.

Party Le	ader Details							
MR/MRS/MISS/MS		First Name:		Surname:				
Address:								
Postcode:		Daytime Tel:			Evening Tel:			
E-Mail:	·		Daytille	GI.		Lverling i	GI.	
Date of Arrival:			Date of Departure:			No of Nights:		
Other Pa	arty Members							
	MR/MRS/MISS/MS		First Name:			Surname /	/ Age if under 18years :	
1								
3								
4	+							
5								
6								
7								
8								
9								
Dovmon	t Dotoilo (o)							
Villa:	t Details. (Che	eques are to be	e made payable i	to JFCleaver a	nd sent to the col	ntact address l	below).	
No. of we	eeks		at £ /\$	pe	r week =		£/\$	7
	o. of weeks		at £ /\$	· · · · · · · · · · · · · · · · · · ·			£/\$	7
No. of weeks		at £ /\$ per week =				£/\$	1	
No. of we	eeks		at £ /\$	pe	r week =		£/\$	1
Security	Deposit No. o	f weeks	at £250/\$2	250			£/\$	
				Sub Total 1 =		1 =	£/\$	_
	nal Services:							¬
	Pool Heating No. of We Welcome Pack Type:		•		per week :		£/\$	4
Welcome Other:	Pack	Type:		at £/\$	=		£/\$	4
Ouner.					Cub Tatal		C IO	
					Sub Total	<u> </u>	£/\$	
				TOTAL C			C/¢	
Donooit	navabla with	booking		(sub total 1	+ sub total 2)		£/\$	
Deposit	payable with	booking.	at £200/\$2	200			£	
Берозіі			αι 2200/ψ2	200			2	
TOTAL F	PAYABLE 8 V	VEEKS P	RIOR TO DE	PARTUR	E DATE = TO	TAL COS	T - DEPOSIT.	
							£/\$	
Declarat	tion						<u> </u>	
	of all the above of booking. I an	-	-	f, by signing	this I declare th	nat I have rea	d and agree to th	ne terms and
				7				7
Signature:					Date:			
	· 							_
Print Na	mo:			I				