

Self Catering Swanage

BOOKING FORM & AGREEMENT
FOR HOLIDAY ACCOMMODATION
AT 6 CLUNY CRESCENT, SWANAGE

Booking Ref

We recommend that you check availability on our website at www.selfcateringswanage.co.uk

Dates: From 4 pm ___ / ___ / ___ To 10 am ___ / ___ / ___

APPLICANT DETAILS

Surname	Initials	Mr/Mrs/Miss
Address		
Postcode		
Telephone - Home	Telephone - Business	
Email		

Number in Party - Adults _____ Number in Party - Children _____

Note: On no account must the number of Adults and Children exceed the number stated on the website

Surname	Initial	Title	Age	Surname	Initial	Title	Age

Total Hiring Charge	£
Deposit of 30% of the Total Hiring Charge (Rounded to nearest £100)	£
Balance Due 8 Weeks Before Arrival	
Total Enclosed	£

To be signed by the Holidaymaker only, please : I confirm I have read and accepted the booking conditions and general information as stated on the website and that this booking and agreement is between the owner and myself.

Signed _____ (Holiday Maker)

Date _____

Name (block capitals) _____

HOLIDAYMAKER, PLEASE SIGN AND RETURN THIS BOOKING FORM TO:

Mrs M Seymour, 62 Queens Road, Swanage, Dorset BH19 2EU

Payment Method:

Please make cheques payable to: P J Watts