

BOOKING FORM FOR CARAVANS TO LET

YOUR NAME AND ADDRESS

PLEASE PRINT IN CAPITALS AND COMPLETE ALL SECTIONS

NAME.....

ADDRESS.....

.....

POST CODE..... TEL. NO.....

YOUR HOLIDAY DATES **FROM 3pm ON ARRIVAL DAY TO 9.30am ON DEPARTURE DAY**

ARRIVAL DATE..... DEPARTURE DATE.....

YOUR HOLIDAY PARTY

APPROX ARRIVAL TIME.....

(Block Capitals Please)

Mr/Mrs /Miss	INITIALS	SURNAME	AGE GROUP	
			Over 18 please tick	Under 18 please state age

ONLY PERSONS NAMED ON THIS LIST MAY OCCUPY THE UNIT EXCEPT BY PRIOR ARRANGEMENT (PLEASE NOTE NO MORE THAN FOUR ADULTS / MAXIMUM OF SIX PEOPLE)

WILL YOU BE BRINGING A DOG? YES/NO (PLEASE NOTE ONLY ONE DOG ALLOWED)

BREED.....

YOUR HOLIDAY PAYMENT

CARAVAN PRICE.....£.....

EXTRA ADULTS £5 /NIGHT OR £25 /WEEK.....£.....

Where did you see our advert? TOTAL £.....

..... DEPOSIT ENCLOSED (min £150/week) £.....

***Cheques should be made payable
to M. D. and H. Thompson***

BALANCE DUE £.....

SOLO/SWITCH/DELTA

VISA/MASTERCARD

EXPIRY DATE START DATE ISSUE NO.

SIGNATURE OF CARD HOLDER

3 DIGIT SECURITY NO (Last 3 digits on back of card)