

FIELD VIEW COTTAGE

BOOKING FORM

PLEASE RETURN COMPLETED FORM TO:

PHILIPPA ELEY
IVANHOE
TOLLESHUNT DARCY ROAD
TOLLESHUNT MAJOR
MALDON
ESSEX CM9 8LN

TEL/FAX: 01621 868555

PLEASE COMPLETE IN BLOCK LETTERS

ACCOMMODATION RESERVATION

PARTY LEADER NAME: (Mr/Mrs/Miss)	OTHER PARTY MEMBERS
ADDRESS:	
Postcode:	
TELEPHONE: Day	EMAIL:
Evening	

SEASON	MONTHS COMMENCING SATURDAY	1 BEDROOM. SLEEPS 2 SHOWER ROOM
ALL YEAR		

HOLIDAY DATES REQUIRED	Number of weeks
From..... To.....	

TOTAL ACCOMMODATION RENTAL:

BOOKING CONDITIONS

I agree to the Bookings Conditions overleaf, and sign this Booking Form with the authority of all those named It is fully understood all balances must be paid 8 weeks prior to occupancy date DATE: SIGNATURE:	REMITTANCE ADVICE	
	Non-refundable accommodation deposit 25% of Total	
	Accommodation rental if within 8 weeks of departure date.	
	TOTAL Please make cheques payable to J Snowling	