FIELD VIEW COTTAGE

BOOKING FORM

PLEASE RETURN COMPLETED FORM TO:

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

PLEASE COMPLETE IN BLOCK LETTERS

TEL/FAX: 01621 868555

ACCOMMODATION RESERVATION

PARTY LEADER		OTHER PAR	OTHER PARTY MEMBERS		
NAME: (Mr/Mrs/Miss)					
ADDRESS:	55)				
, 123, 1233.					
	Postcode:				
TELEPHONE: Day		ENAM.			
Evening		EMAIL:			
Eveni	ng				
	MONTHO		L DEDDOOM OF EEDOO		
SEASON	MONTHS COMMENCING SATURDAY		1 BEDROOM. SLEEPS 2 SHOWER ROOM		
ALL YEAR	COMMENSING SATURDAT		SHOWER ROOM		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	LIQUIDAY DATES DESCRIBE			T	
HOLIDAY DATES REQUIRED				Number	
				of weeks	
From	To				
				4	
	TOTAL A	CCOMMODATIO	N RENTAL:		
D0014110 0011D1		.000,1111,102,1110	TATALIA TATAL		
BOOKING CONDI	TIONS				
Legrae to the Realings Conditions everlest and sign this		REMITTANC	F ADVICE	1	
I agree to the Bookings Conditions overleaf, and sign this		I CEWIT TAIN	LADVIOL		
Booking Form with the authority of all those named					
		Non-refundable accommodation deposit			
It is fully understood all balances must be paid 8 weeks prior		25% of Total			
to occupancy date		Accomodation rental if within 8 weeks			
DATE:		of departure date.			
DAIL.		TOTAL Please make cheques payable			
		to J Snowling			
CIONATURE					
SIGNATURE:					
0.0.0.0					
J					