

Le Triskel

BOOKING FORM

NAME OF HOUSE TO BE BOOKED : Appartement des Remparts

NAME OF OWNER : Mr & Mrs Byron

NAME OF PERSON MAKING BOOKING.....

ADDRESS.....

HOME TELEPHONE.....

DAY TELEPHONE.....

MOBILE.....

E MAIL.....

DATE OF ARRIVAL.....

DATE OF DEPARTURE.....

NAMES OF PARTY MEMBERS (please give ages if under 18).....

TOTAL RENTAL COST £..... (Including Linen and Towels)

25% DEPOSIT £.....(enclosed)

BALANCE £.....(payable 8 weeks before holiday)

DAMAGE DEPOSIT £200(payable not less than 2 weeks before holiday)

I confirm that I have read and understood the booking conditions and agree to be bound by them.

SIGNED.....DATE.....