

# Le Triskel

## BOOKING FORM

NAME OF HOUSE TO BE BOOKED : Val Rive

NAME OF OWNER : Mr D.Jackson

APARTMENT TO BE BOOKED.....

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.....