THE OLD VICARAGE

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO: Mrs A S Robertson 28 Brandreth Road, London SW17 8ER. Tel: 07973 963 887

BOOKING FORM 2023/24

Please reserve the accommodation

From Friday 4.30 p.m.	Date						
To Monday/Friday9.30	0 a.m Date						
for guests	ladies g	entlemen children animal					
Name							
Address							
	Post Code	E-mail					
Tel No. (day)	Tel No. (eve)	Mobile No.					
RENTAL AMOUNT	£						
NB. FULLL PAYMENT	IS REQUIRED 8 WE	EKS PRIOR TO THE HOLIDAY START DATE					
30% Deposit	£						
Total enclosed	£						
Damage Deposit	£						
Balance Payable	£						
We strongly recommend that you obtain holiday insurance and draw your attention to our strict policy within our terms & conditions If you need a high chair please add the number of units in box provided High Chair							
PAYMENT METHOD Bank transfer preferable or cheques are accepted and made payable to Mrs A Robertson							
Damage Deposit You will be liable for any damage to the property. We require a bank transfer for £400 per week/weekend, payable with your balance.							
We will notify you of the cost of any damage and will invoice you for any amount in excess of the deposit held.							
Yes I have read & agree to the terms and conditions of the holiday accommodation.							
Signature	Date						

TO MAKE A BOOKING

- 1. Telephone us on 07973 963 887 to confirm that the property and dates you require are available. The reservation is held for 3 days, a 30% booking deposit will secure a booking, then booking forms should be sent once party finalised. If we do not hear from you then the booking will be void.
- 2. Complete the booking form and return via post or scan back to us.
- 3. Upon receipt of your booking and deposit we will forward confirmation of the booking including details of monies received and the balance payable which we must receive no later than 8 weeks before arrival. Failure of arrival of payment will forfeit the booking.

THE OLD VICARAGE

Name and age of all persons occupying the accommodation and contact number for all adults for track and trace.

	NAME	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		