

RESERVATION FORM (FURLONGS) 2017

Name	Title	Age (if under 18)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Names of all proposed occupants must be included i.e. Registered Guests

Address

Post Code Tel No.....

Date(s) required from Saturday:to Saturday.....
 (Please state date of arrival and date of leaving)

Please specify sleeping requirements i.e. doubles or singles

Linen: No of DoublesNo of Singles.....

The sleeping configuration is normally 2 x double and 2 twin bedded rooms (4 bedrooms)

Cot/Highchair: Required Yes/No

I enclose £ as a deposit being 30% of the total.

The balance of 70% plus the security deposit of £200 falls due for payment
 6 weeks before the commencement of the holiday.

Please make cheques payable to **Mr D E Braund**.or pay on-line ask for details.

I certify, on behalf of the persons named above, that we have read and agree to
 accept the terms and conditions.

Signed**Dated**.....

(For and on behalf of all registered guests)