

Villa High Grove - Booking Form

Contact Details Telephone: 001 407 925 9425 Mobile

www.villahighgrove.com

Party leader

Name : _____

Address : _____

Post Code : _____

Email Address: _____

Telephone : _____

Arrival Date : _____

Departure Date : _____

Details of Party Members (excluding Party Leader)

Mr/Mrs/Miss Initials Surname Age (if under 18)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Special Requirements: _____

- I agree that in the event of any problem arising during my holiday, I will contact the local management company. Failure to do so will result in no liability being accepted in respect of subsequent claims received.
 - I certify on behalf of the persons included on this booking form that I am authorized to make this booking.
 - I have read and agree to the booking terms and conditions as set out in the details.
 - A non-refundable deposit of £150 sterling or \$250 USD is due within 7 days of this provisional booking being accepted.
 - I agree to pay the balance in full no later than Ten weeks prior to departure.
 - All cheques to be made payable to Liz Rodgers
- Please contact us for billing address.

Please confirm your name :

(Print _____) (Signed _____) Date _____
(Party Leader)

