

BOOKING FORM

Rental Address:

530 Castlemain Circle, Hampton Lakes, Davenport, Florida

PLEASE COMPLETE IN BLOCK CAPITALS

NAME (PARTY LEADER):

CORRESPONDENCE ADDRESS:

TELEPHONE / E-MAIL:

FULL NAMES:

(including titles of **all** people in party) Please include ages of **all** children under 18.

It is 'Florida State Law' that **all** persons register.

1: 7:

2: 8:

3: 9:

4: 10:

5: 11:

6: 12:

ARRIVAL DATE: DEPARTURE DATE:

All party members have read the terms and conditions and agree to be bound by them. I am over 21 years of age and authorised to make this booking on behalf of the persons named above.

SIGNED:

PRINT NAME:

DATE:

PLEASE MAKE CHEQUE PAYABLE TO:
KAREN. E. BOYES

PAYMENT DETAILS		US Dollars
TOTAL RENTAL	\$	
POOL HEATING @ \$130.00 PER WEEK	\$	
TOTAL AMOUNT DUE	\$	
LESS BOOKING DEPOSIT	\$ 400	00
BALANCE DUE	\$	

RETURN COMPLETED BOOKING FORM TO:
AR GRAIG STABLES, LALESTON, BRIDGEND, CF32 0LY, UK