

BOOKING FORM (please complete all details)

Person in Charge: (minimum age 18)

Name:

Address:.....

..... **PostCode:**.....

Tel:.....**E Mail:**.....

Please reserve apartment No:.....for.....Persons

From (date of arrival).../.../... to (date of departure).../.../..

Expected time of arrival (from 2.30pm)pm (please see Terms & Conditions)

Car Parking (one car per apartment) YES/NO (reservation must be made at time of booking the apartment)

If YES: .Model.....Reg No.....

Details of Party:

Name	Age (if under 18)	Sex

Tariff	Parking	Total	Deposit	Balance Due

Special Requirements (please tick):

Travel Cot	High Chair	Guest Bed
-------------------	-------------------	------------------

I have read and accept the Booking Terms and Conditions and am over 18 years of age. I have confirmed availability of the apartment (and parking).

Signed:.....**Print Name:**.....

Date:.....

Please return this form to us with your non refundable deposit within 7 days. All cheques/POs payable to Crystal Lodge. Bank notes should only be sent by registered post. Credit/Debit card payments accepted over the telephone.