

# BOOKING FORM

425 WINDSOR PLACE DAVENPORT FLORIDA 33896

DETAIL OF PARTY LEADER:

TITLE:		FIRST NAME:	
LAST NAME: ADDRESS:			
EMAIL ADDRESS:			POSTCODE:
TELEPHONE:(DAYTIME)		(EVENING)	
TOTAL NUMBER OF PEOPLE IN PARTY(MAX 8 AND 2 INFANTS IN COTS)			
DETAILS OF PARTY MEMBERS OTHER THAN PARTY LEADER			IF UNDER 21
NAME			AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
DATE OF ARRIVAL		DATE OF DEPARTURE	

POOL HEAT £20 Or \$25 per day

£200/\$250 CHEQUE REFUNDABLE SECURITY DEPOSIT AFTER SATISFACTORY

REPORT FROM MANAGEMENT COMPANY

£100/\$150 PER WEEK DEPOSIT WITHIN 7 DAYS OF RESERVATION

**TOTAL:**

£/\$
£/\$
£/\$
£/\$

## **BOOKING FORM**

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DEPOSIT MUST BE PAID WITHIN 7 DAYS OF RESERVATION AND FULL PAYMENT MUST BE PAID 8 WEEKS PRIOR TO DEPARTURE. ALL CHEQUES SHOULD BE MADE PAYABLE TO C. POCOCK.

ONCE FULL PAYMENT HAS BEEN MADE THIS WILL NOT BE REFUNDABLE DUE TO CANCELLATION AS PER OUR TERMS AND CONDITIONS.

I HAVE READ, UNDERSTOOD AND ACCEPT ON BEHALF OF ALL THE MEMBERS IN MY PARTY, THE BOOKING CONDITIONS AND AGREE TO BE BOUND BY THEM.

SIGNED:

DATE: