

BOOKING FORM

Dates required: _____ Total no. of weeks: _____

Arrival Airport: _____ Arrival time: _____

Flight No and Airline: _____

If you do not know these details yet, please notify us ASAP.

	Title	Christian Name	Surname	Age if under 21	Group Leaders Name, Address & Tel number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

A **\$150.00** DEPOSIT PER WEEK (**NON REFUNDABLE**) IS REQUIRED WITH EACH BOOKING.

ADDITIONS (price per week) – Please tick if required

Travel Cot	F.O.C	
High Chair	F.O.C	

Declaration:

I am the group leader, I have read and agree to abide by the booking conditions, which I have signed and return herewith. I am authorised by the members of my party to agree on their behalf.

Signed _____

Date _____

Print name _____

(NB: A copy of the Booking Terms and Conditions form must be signed and returned with this booking form)

PLEASE NOTE NO PETS OR SMOKING ALLOWED