

Calabria Villa Booking Form.

NAME_____

ADDRESS_____

_____POSTCODE_____

DAY TEL:_____ EVENING:_____ MOBILE_____

EMAIL_____ FAX_____

DATES REQUIRED. ARRIVING_____

DEPARTING_____

LIST ALL OCCUPANTS IN YOUR PARTY. STATING AGES IF UNDER 21 (REQUIRED BY FLORIDA LAW)

TITLE	FULL NAME	AGE IF UNDER

COSTS:

NUMBER OF NIGHTS INCL US TAX:_____ @ DAILY RATE OF _____ = TOTAL_____

NUMBER OF WEEKS INCL US TAX:_____ @ DAILY RATE OF _____ = TOTAL_____

TOTAL COSTS

I WOULD LIKE FREE USE OF COT/CRIB HIGHCHAIR

Bookings are not accepted until a deposit of 20% has been paid. The balance is due 8 weeks prior to departure.

I agree to pay the balance 8 weeks prior to departure.

I understand that a security deposit of £200/\$300 must be paid with the balance and will be returned to me after inspection by Management Company.

I have read, understand and accept the terms and conditions as stated on behalf of my party and myself. I am over 21 years of age.

SIGNATURE_____ DATE_____

Please make all cheques payable to S PUGH and send to Lowgrounds Farm, Swineshead, Boston. Lincs. PE20 3PG. United Kingdom