



BOOKING FORM

TITLE & FULL NAME OF EACH GUEST	DATE OF BIRTH	COT (please tick as appropriate)	HIGH CHAIR (please tick as appropriate)
1			
2			
3			
4			
5			
6			
7*			
8*			

ADDRESS OF LEAD GUEST	TEL:
	EMAIL:
	HOLIDAY DATES REQUIRED (dd/mm/yyyy)
	FROM:
	TO:
	DURATION:
	ADDITIONAL REQUESTS:

*N.B For more than 6 guests, please ring 01204 435596 or email enquiries@offupop.co.uk before booking. An additional charge of 20% of the seasonal prices shown will be made for bookings of more than 6 persons

We require a non refundable deposit of 20% of the total price for the weeks you require, subject to a minimum deposit of £150.00. Your deposit is payable at the time you make your booking. Your booking will not be confirmed until the payment has reached our bank, and we have received a signed copy of the Terms and Conditions. If your booking is made within two calendar months of departure, the full price shown for the total number of weeks you require, is payable at the time of booking.

I agree to pay the full balance no later than two calendar months prior to departure.
I have read and understood the Terms and Conditions

I enclose my cheque, made payable to D Makinson or C A Makinson, for a total of £

SIGNED _____ .

DATE / /

BOOKINGS CANNOT BE ACCEPTED UNLESS THIS FORM IS SIGNED

Please send this form, cheque and signed Terms and Conditions to 1 Heaton Road, Lostock, Bolton, BL6 4EE