RENTAL BOOKING FORM

BOOKING IN THE NAME OF:	
ADDRESS:	
POST CODE_	
PHONE NO. (HOME):EMAIL ADDRESS:	
NAME OF ALL PEOPLE IN PARTY: PLEASE INCLUDE CHILD AGE	IF UNDER 18
12	
3. 4. 5. 6.	
5. 6. 7. 8. 9. 10.	
RENTAL DETAILS	
RENTAL DATES : 4:00pm/ TO : 10:00 am	
ADDITIONAL REQUIREMENTS:	
COT / HIGH CHAIR RENTAL - INCLUDED	YES / NO
BBQ REQUIRED - INCLUDED	YES / NO
POOL HEATING - £80 PER WEEK	YES / NO
WI-FI INTERNET CONNECTION - INCLUDED	YES / NO
PAYMENT DETAILS	
25% DEPOSIT: PLEASE ENCLOSE A CHEQUE FOR THE SUM OF	Ε
BALANCE :INCLUDING A REFUNDABLE DEPOSI	T OF £300 (\$500)
PLEASE SEND A CHEQUE FOR THE SUM O	F
£ BY	
# Full payment is due if booking is made within 10 weeks of the be	eginning of your rental
YOUR SIGNATURE	
I CONFIRM THAT I ACCEPT THE ABOVE BOOKING AND HAVE RETERMS AND CONDITIONS ATTACHED AND AGREE TO BE BOUNI	
SIGNED:DA	ATE: