BENODET BREAKS - BOOKING FORM

Name of person making booking * ……*

Address ……

…… …… Post Code …… E-mail: ……

Contact numbers: Home …… Mobile ……

Camp site : …… Mobile Home Model ……

Dates on site : **From** ……/……/…… to ……/……/…… **(Depart by 10am)**

Ferry crossing (if known) …… Ferry arrival time (local) ……

Estimated time of arrival on site …… Car Reg. no' ……

Additional requirements, please tick	**Cot €15/week**	**Camp Bed**

Please give below full details of each <u>other</u> member of the party

Title	**FULL NAME (and address if different from above)**	**D.O.B (if under 18)**

Each person named above agrees to abide by the rules and conditions of the camp site

SIGNED ON BEHALF OF THE ABOVE ……..……..……..……..……(* above top)

Please return completed form to: **Mrs M Jackson, Weaverslake Farmhouse, Yoxall, BURTON ON TRENT, Staffs. DE13 8NB. Fax to 01543 473906 or email to Weaverslake4@aol.com**

CHEQUES PAYABLE to BENODET BREAKS

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For office use only

Form received	Confirmation / Terms+Condit's sent	Deposit received		Balance Due		Joining details sent	Key/breakages deposit	
		£	Date	£	Date		Paid	Returned