COLDHAM COTTAGES

BOOKING FORM

Name: _____

Address: _____

_____

Telephone: Daytime: _____ Evening: _____ Mobile : _____

Date of Arrival: _____

Date of Departure: _____

Number of Weeks: _____

Cottage Number: _____

Party consists of: Number of Adults: _____ Number and ages of Children: _____

Requirements: Number of double beds: _____ Number of single beds: _____

Cot _____ Highchair _____

Payment	Payment by Credit Card
	Visa, Mastercard, Switch, Delta
Total £_____	Cardholder Name: _____
	Cardholder address (*if different from above*)
Deposit (25% non-refundable) £_____	_____
	_____
Balance to pay £_____	Card Number: _____
	Card Expiry Date: _____
BY Cheque: Please make payable to	Issue Number (*switch*): _____
Coldham Cottages	

Please give an expected time of arrival (*or let us know nearer the time*): _____

Accommodation is available from 4pm . Earlier arrival may be possible by prior arrangement only.

Please tick to indicate that you have read and accepted the terms and conditions ☐

Signed: _____ Date: _____

How did you hear about Coldham Cottages: _____

Please ensure that the balance arrives 4 weeks in advance (unless other arrangements have been made), to confirm that you still require the accommodation. If card payment is used for the deposit, we will take the balance within four weeks of your arrival unless you notify us that you wish to pay the balance by a different method. No reminder will be sent.

FOR OFFICE USE ONLY		Date	Amount	Date receipt sent
	Deposit received:			
	Balance received:			
	Total Amount Paid:			