



BOOKING FORM

Name:

Address:

.....

.....

Post Code:

Tel (h):

Tel (w):

Tel (m):

Date of Holiday From: **To:**

Deposit:
(20% of cost)

Choice of Cottage: Teal Grebe Heron

Details of Party: No of Adults: Children: Dogs:

Special Requirements: High Chair Cot

*Please make cheques payable to S. Marsham. Your booking is confirmed once we receive your deposit. A receipt will be sent by return post.
THE BALANCE IS DUE 28 DAYS BEFORE YOUR HOLIDAY STARTS*

Signed: **Date:**