

Booking form 2009



CONTACT NAME.....

ADDRESS.....

..... POSTCODE.....

TELEPHONE.....

E-MAIL.....

PLEASE RESERVE APARTMENT NUMBER:.....

From..... To.....

To accommodate the following people:

Title	Surname	First name	please tick Child	CHILD'S Age

Special requirements (eg. cot, high chair, sheets/blankets).....

Apartments must not be occupied by more people (including children of all ages) than the stated number of beds unless by prior arrangement. Your apartment will be available from 3pm on day of arrival. On the day you depart, please vacate your apartment by 10am. Please leave the apartments clean and tidy.

Ferry details (please provide your preferred travel times)			
Wightlink crossing:	Portsmouth/Fishbourne <input type="checkbox"/>	Lymington/Yarmouth <input type="checkbox"/>	
Outward travel:	Date.....	Approx time.....	
Return travel:	Date.....	Approx time.....	
Vehicle registration:		
Height (including roof-top item):	Less than 2.26m <input type="checkbox"/>	More than 2.26m <input type="checkbox"/>	

Please enclose a deposit of £100 to confirm booking and reservation (cheques payable to 'Luccombe Villa' please).

Signature..... Date.....

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