

Caravans-devoncliffscoasts.co.uk

Booking Form

Name :

Address :

Post Code :

Day time Tel No :

Evening Tel No :

Caravan No. _____

PLEASE complete the details below.

Guest Details.

Mr/Mrs/Miss/Ms	Initials	Surname	Date of Birth if under 18
1			
2			
3			
4			
5			
6			
7			
8			

Dates of your Holiday (Saturday to Saturday unless other arrangements have been made.)

Arrival Date : Departure Date :

Cost of Caravan £.....

Passes £.....

Sub Total £.....

Deposit £75 per week £.....

Balance Due £.....

Please print out this booking form and send the completed form with the non returnable Deposit cheque, made payable to :

Mr C B Dawson 5 Chudleigh Road, Kingsteignton. Devon TQ12 3JT

Tel no. 01626-208098

Full outstanding balance, is due 8 weeks before the start of your holiday. Where upon a registration form for club membership, will be sent to you.

This form & deposit secures your holiday, and tells us that you have read and understood our terms & conditions, and you agree to them.

Sign : Date:.....