WESTWARD RISE HOLIDAY PARK



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BOOKING FORM

Full Name		
Address		
Home Tel:		
Vehicle:		
Extra Vehicle:	_	
Please reserve for me a 2/6 Berth Chalet-Bungalov	w	
Date of Arrival	Aft	er 2.00pm
Date of Departure	Bef	fore 10.00am
Have you already made a Provisional Booking.? YE	ES / NO	
My party will consist of the following persons. (M	Iaximum 6 per Bungalow including infa	nts)
Mr/Mrs/Miss Initials	Surname	Age
5	M* 010.00 1	
I require the following Items. (Please tick)	Microwave £10.00 per week	
Information on Holistic Therapies Available	Travel Cot £10.00 per week	
Special Requests:		
I enclose a deposit of £65.00 per week & agree to pay agree to accept the Booking Conditions on behalf of I am over 18 years of age.		
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Signature:Date:		
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For Office use only