BOOKING FORM

Please complete & sign Booking Form and send to the park of your choice. Signing the booking form confirms your acceptance of the Conditions of Booking. For assistance, or any booking enquiries, please contact the relevant park of your choice -
Beachside Holiday Park **Tel: 01237 421163**, Surf Bay Holiday Park **Tel: 01237 471833**,
River Valley Country Park **Tel: 01736 763398**

Name of Hirer(s) .....

Address .....

Postcode ..... Telephone ..... Email .....

SELF CATERING

PARK NAME..... ACCOMMODATION (Type: eg. Kingfisher) .....

Accommodation Number preference (if known) .....

I wish to reserve the above accommodation for ☐ week(s)/day(s) from date commencing .....

ACCOMMODATION HIRE CHARGE £		
OPTIONAL EXTRAS		
BEDGUARD (Depends on accommodation type) Age of child at time of holiday ☐ ..... Cots/Travel Cots will not fit in double bedrooms	Per Night £1.00	
HIGH CHAIR.....	£1.00	
DOOR GATE (Depends on accommodation type)	£1.00	
LINEN PACK (per bed) .....SINGLE	Per Week £6.00	
(Includes bottom sheet, duvet cover & pillowcases) .....DOUBLE **(REQUIRED FOR MOST UNITS SEE TARIFF FOR DETAILS)**	£8.00	
CONTINENTAL BREAKFAST PACK (River Valley Country Park Only)	Each £16.00	
TRADITIONAL BREAKFAST PACK (River Valley Country Park Only)	£25.00	
FAMILY BREAKFAST PACK (River Valley Country Park Only).....	£43.00	
HIRE CHARGE + EXTRAS £		
IINSURANCE (If required, this must be paid with holiday deposit)	Per Night £3.00	
HIRE CHARGE + EXTRAS + INSURANCE £		
DEPOSIT	Per Night £6.00	
DEPOSIT + INSURANCE TO PAY NOW £		
BALANCE OUTSTANDING £		

TO BE COMPLETED BY ALL PARTIES

Party consists of ☐ **people**:

Name	Age (under 18's only)
1	
2	
3	
4	
5	
6	
7	
8	

Are any of the above Smokers? ☐ **Yes** ☐ **No**

Where linen is provided as standard, please specify quantity required. **Doubles** ☐ **Single** ☐

If arrival after 5pm, please state anticipated Time .....
(See condition 1 & 2 of the Conditions of Booking)

Number of Vehicles.....

Car Registration Number(s).....

Which papers do you read? .....

Are you a previous customer? ☐ **Yes** ☐ **No**
If so, which park did you stay at? .....

Were you recommended? ☐ **Yes** ☐ **No**
If so, who by?.....

We saw your advert in .....

PAYMENT DETAILS

Payment made by: ☐ Postal Order ☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit Card

Please debit £_____ from my: ☐ Mastercard ☐ Visa ☐ Access ☐ Maestro ☐ Delta

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐ Issue No ☐

Valid From ☐☐ ☐☐ Expiry Date ☐☐ ☐☐ Security code ☐☐☐ (Last 3 digits on reverse of card) Credit Card auto deduct balance ☐ **Yes** ☐ **No**

Cheques & Postal Orders should be made payable to the park of your choice (Surf Bay Holiday Park, Beachside Holiday Park or River Valley Country Park,

I have read and accepted on behalf of my party (as listed), the **Conditions of Booking** on the reverse and the Tariff scale.
I confirm that I will forward the balance of the account rendered forty two (42) clear days (6 weeks) before the commencement of my holiday.

SIGNED..... DATED.....