Reservation Form

Bournecoast Holidays, 26 Southbourne Grove, Southbourne, Bournemouth, BH6 3RA
Tel: 01202 437888 email: info@bournecoast.co.uk www.bournecoast.co.uk

Visitors ID:
if known

PLEASE COMPLETE DETAILS IN BLOCK LETTERS

Applicants Name: Mr/Mrs/Miss/Dr First Name: Surname:

Address:

Postcode:

Email: Work No:

Daytime Telephone No: Mobile No:

Visitors Details:

To be completed for each member of the party to be accommodated (continue on separate page if necessary)

Surname	Sex (M or F)	Age (if under 18)	Relationship
Total number in party:			

Please indicate how you found us:
☐ Sun/NOTW ☐ Sunday Mirror/People ☐ Website ☐ Other
☐ Existing Client ☐ Mail on Sunday ☐ Referral ☐ Search Engine

Other Details:

Details of pets:
(Pets must be fully house trained - supplement of £20 per pet per week)

Number of cars requiring parking: Any smokers: Yes ☐ No ☐

Accommodation Details:

Property reference: Property road name:

Date from: Arrive after 3pm Date to: Depart before 10am

Number of weeks: Rental price per week: £

Total rental price: £

Payment Details:

*Deposit/full payment:
(Deposit is one third of total rental price) £ .....

4% of total rental price:
(Cancellation insurance is a condition of booking) £ .....

Refundable damage deposit:
(If required by owner) £ .....

Pet supplement: (£20 per pet per week) £ .....

Credit card fee: (3% of total) £ .....

Total Amount: £ .....

Cheque / Cash / Credit Card - Circle as appropriate

*Delete as appropriate (Full amount must be paid if commencement of holiday is in 6 weeks or less)

I have read, understand and agree to the conditions of booking
(on reverse or available on the website).

Signed ..... Date .....

Card Type: Start Date:

Expiry Date: Issue Number:

Card Number:

3 digit security number on reverse of card

Card Holder's Details (if different from above)

Name: .....

Address: .....

.....

.....

Tel: ..... Email: .....

Card Holder's Signature .....