

BEFORE COMPLETING THIS FORM, PLEASE CONFIRM THAT THE BOOKING PERIOD YOU WOULD LIKE IS AVAILABLE. PLEASE READ THE TERMS & CONDITIONS OF BOOKING 2010 BEFORE COMPLETING AND SIGNING THIS BOOKING FORM

BOOKING FORM 2010

SANDRIFT

39 HIGHER TRISTRAM, POLZEATH, NORTH CORNWALL PL27 6TF

Name(*This person will be legally responsible for all aspects of the holiday let*)

Address
.....
.....

Home Tel Work Tel.....

Mobile Email.....

Dates Required (Friday to Friday, in at 4.00pm out at 10.00am)

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

Price per week £..... Number of weeks Total £.....

Deposit 40% £..... Enclosed Yes/No. Cheques payable to Mrs H J Boden

Number of people staying in the house Max 8 ADULTS.....CHILDREN.....
NAME AND AGE OF PERSONS OCCUPYING THE HOUSE

1.....AGE..... 2.....AGE.....
3.....AGE..... 4.....AGE.....
5.....AGE..... 6.....AGE.....
7.....AGE..... 8.....AGE.....

Name changes must be notified in writing prior to the let otherwise keys will not be released to you and the let will be void.
Deposits cannot be returned if you have to cancel the holiday unless the house can be re-let, we will make every effort to re-let the house. Lets are on a weekly basis and run from Friday to Friday, in at 4.00pm and leaving the house on your departure date by 10.00am. Damage and breakages will be paid for by the hirer, and the owner of the property will not be liable for any personal injuries or loss to any of the party occupying the property Sandrift 39 Higher Tristram, Polzeath, PL27 6TF during there stay.

I CONFIRM THAT I HAVE READ THE DETAILS OF SANDRIFT, TOGETHER WITH THE TERMS & CONDITIONS DATED 1ST JAN 2010, AND UNDERSTAND THAT THE COMPLETION OF THIS FORM CREATES A BINDING CONTRACT FOR THE ABOVE DATES.

Signed date
PLEASE PRINT NAME.....