

Holidays in Portugal
Booking Request Form

Please book

| | | |
|--------------------|------|--|
| CASA SANDRA | From | |
| | To | |

| | | |
|-----------------|---------|--|
| Primary Contact | Name | |
| | Address | |
| | eMail | |

| | | |
|--------------------|--------------|--|
| Persons Travelling | Total Number | |
|--------------------|--------------|--|

| Name | Age if under 18 | Name | Age if under 18 |
|------|--------------------|------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Additional Requirements | Qty | Cost |
|-------------------------|-----|-------|
| Cot | | £0.00 |
| | | |

| | | | |
|--|---|--------|--------|
| Welcome Pack <small>(Pay to agent on arrival)</small> | Milk, Eggs, Bread, Cheese, Ham, Beer, Water, Soft Drink, Tea, Coffee | Yes/No | £15.00 |
|--|---|--------|--------|

| | | | |
|------|---|--------------------------------------|---------|
| No [|] | Weeks Holiday Let Total Cost | £ |
| | | Holiday Deposit (Enc with this form) | £ |
| | | Holiday Balance (Paid By) | £ |
| | | Damage Deposit (Pay with Balance) | £100.00 |
| | | Total With This Form | |

I confirm that I have read and agree the terms and conditions

| | |
|------------|-----------|
| Print Name | Signature |
| | |

Please return booking form and deposit cheque to the address below. Please make cheques payable to David Allen

73, Goldsmid Road, Tonbridge, Kent. TN9 2BU
 Telephone 01732 351296 Mob 07973 538168
 Email: enquiries@holidaysinportugal.com