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BOOKING FORM

for HOLIDAYS • COACH HOLIDAYS • ETC

FOR OFFICE USE

Received _____

Fee £ _____

Dates _____

Accom _____

Rec No _____

_____

If possible, please telephone the Centre to check availability and to make a provisional booking before submitting this Booking Form.

Please complete in CAPITALS and forward to the Centre manager of the Centre of your choice

2006

Please book accommodation at

Special Interest Holiday

Coach Holiday Pick-up Point

Title	First Name	Surname	Age at time of holiday	Address & telephone number of the first named person to whom all holiday correspondence will be sent
				Post Code
				Telephone Fax
				E-mail

Arrival Day	Arrival Date	Departure Day	Departure Date	No of Nights

One child under 12 years per family FREE whilst sharing a room occupied by a paying adult[s] staying for a minimum of one week.

Type of room required if available

Ensuite ☐ Single ☐ Double bedded ☐ Twin ☐ Family room ☐ Multiple room ☐ Self catering ☐

Special requirements inc diets/cot/highchair

Paying by cheque or Postal Order — make payable to Christian Endeavour Holiday Centres Ltd.
Deposit **£60,** Children **£25** and **£30** Senior Citizens per person per week or part of week.
Coach Holidays Deposit **£60** per person per holiday.

I enclose the sum of £ ☐ I do not wish to take advantage of the Personal Cancellation Scheme ☐
(Personal Cancellation Scheme not applicable to Coach Holidays)

I have read and accept the Booking Conditions shown in the current brochure on behalf of myself/and my party.

Signature _____ Date _____

I wish to pay the deposit/full amount by Credit/Charge Card (Maestro Domestic only)

Mastercard ☐ Visa ☐ Maestro ☐ Debit Card ☐ Please tick

Card No. _____ Card Security Code last 3/4 numbers by signature strip

Name of Bank or Financial Institution that issued card. _____

Cardholder's Name (As shown on card) _____

Signature _____

Month Year Expiry date

Card Issue Number (Solo & Maestro)

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