Booking Request Form

booking keq	Juest	rom			
Name of Lead Party Mem	ber				
Address					
Contact Telephone Number					
E-Mail Address					
Please send a copy of	a photographic	ID such as Driving Licence or Passp	ort for the lead	d party member (this will be held in co	nfidence)
		Dates Booking is	required		
Requested Arrival Date					
Requested Departure Date					
Purpose of Visit					
Number of persons in the Party inclu		iding lead member			
Adults		Children over the age of 3 to 12		Infants under the age of 3	
Will you require Use of our Travel Cot?				High Chair?	
		Will you be wanting to	bring any	dogs?	,
# Dog 1 Breed			Name		
# Dog 2 Breed			Name		
# Dog 3 Breed			Name		
		Any other items to note /	Special Ro	equests	
Please add an 'X' n	ext to the	following statements to /	Acknowled	lge acceptance of our book	king terms
	_	on behalf of myself and my ditions of booking and Use o	-	•	
-		.00 security deposit on beha ions and behaviour of the m term.		arty, and that as lead party my party during the booking	
I understand that v	ehicles are t	to be parked only to be with	າin our desi໌ເ	gnated parking area	

Once you have completed this booking request please e-mail it to enquiries@abbeycroft.info We shall endeavour to reply within 24 hours - once we have sent you an invoice we shall place your requested booking dates into 'Pending' until payment is made as detailed in our booking terms. Please be advised the owners Brackenslack Limited reserve the right to decline booking requests without predudice.

I understand that Brackenslack Limited (The owners of Abbey Croft) take no responsibility for any items of personal property brought onto the premises by the boooking party.