La Belle Échappée 4 Chemin des Fosses

Le Clos Faye L'Abbesse 79350 Tel: +33 (0)5 49 65 75 63 Tel: 0844 232 1016

Mob: +33 (0)6 13 04 18 26 (Graham) Mob: +33 (0)6 73 39 04 24 (Diana) Email: Info@belleechappee.com



| La Belle Échappée Booking Form - PLEASE COMPLETE IN BLOCK CAPITALS   |                              |
|--|------------------------------|
| Primary Booking Contact Name:  | Tel. Home:                   |
| Address:   | Tel. Mobile:                 |
|  | Email:                       |
|  |                              |
|  |                              |
| Full Guest Names   | Age (If under the age of 16) |
| 1  |                              |
| 2  |                              |
| 3  |                              |
| 4  |                              |
| 5  |                              |
| 6  |                              |
| 7  |                              |
| 8  |                              |
| 9  |                              |
| 10   |                              |
| 11   |                              |
| 12   |                              |
| 13   |                              |
| 14   |                              |
| 15   |                              |
| 16   |                              |
| I would like to book the following accommodation:  |                              |
| Arrival Date:  | Departure Date:              |
| Special Requirements - please delete as required:  |                              |
| Cot (cot linen is not provided): YES / NO  | Highchair: YES / NO          |
| I enclose a non-refundable deposit of *£   |                              |
| I confirm that I am over the age of 18, I have read, understood and agree to the booking conditions and await your confirmation of booking and invoice showing the balance of payment. It is recommended that a separate Travel Insurance with cancellation cover is taken out as in the unfortunate event of you having to cancel, this should enable you to claim non refundable monies. |                              |
| * PLEASE MAKE CHEQUES PAYABLE TO: D BOWSER   |                              |
|  |                              |
| SIGNED: DATE:  |                              |