SCOTTS CASTLE HOLIDAYS BOOKING FORM 2008

THE OFFICES, TREWARDALE, BLISLAND, BODMIN, CORNWALL PL30 4HS
TEL: 01208 821341 FAX: 01208 821612 www.scottscastles.com

It is preferable to contact us by phone before completing this form

1. I would like to rent the holiday home called: _____ Property Ref: ☐☐☐☐☐☐

For holiday accommodation over a: ☐☐ night period Self Catering ☐ Fully Catered ☐ (if fully catered, please complete additional form)

Holiday in: Day ☐☐☐ Date ☐☐ Month ☐☐ 0 8 Holiday out: Day ☐☐☐ Date ☐☐ Month ☐☐ 0 8

2. Party Details:

Total number in party: ☐☐☐

Please indicate the breakdown of numbers in your party: 31 years + ☐ 16 to 30 ☐ 5 to 15 ☐ under 5 (requiring bed) ☐ Infants ☐

3. I will require the following extra items in my property (when available and agreed)

Pets (type and size) ☐ Cot ☐ Highchair ☐ Please tick if required (if available)

Other extras ☐

If you require the services of a cook, housemaid or cleaner please tick this box and our staff will discuss these requirements with you further: ☐

4. COST OF HOLIDAY(S)

RENTAL:	BASIC RENTAL	£_____
EXTRA CHARGES:	PETS (please refer description)	£_____
	FACILITY FEE	£_____
	CANCELLATION INSURANCE (4.5% of full payment)	£_____ (UK residents only)
	TOTAL	£_____

I enclose £ ☐ as 30% / 100% (please circle) of the total rental. If I am paying 30% I will pay the remainder of the rental plus any other charges at least 8 weeks before the commencement of my holiday.

Please make cheques payable to 'Scotts Castle Holidays'

5. CREDIT CARD DETAILS ***(if paying by credit card please add 2%, 3.5% Amex)*** Please debit my Visa/Mastercard/Maestro/Solo/Delta £ ☐

Card no: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

Issue No: (Maestro and Solo only) ☐ Card Security No: ☐☐☐ (last three digits on signature strip on reverse of card)

Name and address of card holder (if different from person named below): _____

_____ Post Code:_____

6. This is my first visit to one of your properties and I heard of your company through: _____

7. This is my second or more ☐ visits to one of your properties

DECLARATION

'I declare that I am over 18 years of age and agree that this booking is made in accordance with the Booking Conditions overleaf and the terms of the Booking Form'.

I agree to be held responsible for the balance of the total rental and charges hereon in accordance with the Booking Conditions. I understand that the Tenancy Agreement is between the Tenant and the Owner of the property. **In signing this contract I am bound by the terms and conditions of the Good Housekeeping Deposit.**

I undertake to take care of the property which I am renting and will replace or pay for any articles damaged, chipped or lost by me or my party. I will leave the property in a clean and tidy condition and will pay for any additional cleaning if I fail to do so, and will return the key to the person and/or place from which I obtained it.

If I have not requested cancellation insurance through Scotts Castle Holidays, I confirm that I have made my own insurance arrangements and that in the event of cancellation I am responsible for full payment of this booking

Signature: _____ **Name: Mr/Mrs/Miss/Ms** _____

Address: _____ Contact Details:

_____ Home: ( ) _____

_____ Business: ( ) _____

_____ Post Code: _____ Mobile: _____

Date: _____/_____/_____ email: _____

We would like to hold your name and address in our records only in order that we send you future information from Scotts Castle Holidays. Please tick here if you DO NOT wish us to do so ☐