

BOOKING FORM
Nailey Cottages

J B & B Gardner Nailey Farm St Catherine's Valley Bath BA1 8HD England Tel/Fax 01225 852989
cottages@naileyfarm.co.uk
VAT REG NO. 771 2015 60

Please telephone/email your provisional reservation before completing this form.

Visitor Name: _____

Home Address: _____

Postcode: _____

Tel. No. Day: _____ Email Address: _____

Tel. No. Eve: _____ Mobile No: _____

Names of others in your party (please give age if under 16): _____

Total number of people in your party All guests British/commonwealth citizens? If not please complete guest registration form

Cottage(s) required: (Please circle) **TRULLS** (sleeps 7+1 +cot) **DICKNICK** (sleeps 4+2+cot) **LONGLEY** (sleeps 4+2+cot)

Dates of Stay: From 4pm on: _____ To 10am on: _____

Welcome Hamper of local produce provided to include bread, milk, butter, eggs, jam, chutney, cheese, luxury biscuits
(all subject to availability)

I will require: A Cot A High Chair Other special requirements: _____

Please reserve a 'Pay-as-you-go' mobile telephone for the use of our party, for which I agree to pay a deposit of £50 on arrival. (Please tick)

PAYMENT

The total cost of my holiday is £ _____

I enclose a deposit of £ _____ (One third of the cost of the holiday.) Balance to be paid no less than 6 weeks before.

or payment in full of £ _____ (if holiday commences less in than 6 weeks time).

Balance payment due on: _____ (give date no less than 6 weeks before commencement).

CHEQUES SHOULD BE MADE PAYABLE TO "J B & B GARDNER" All payments must be in £ sterling by cheque or postal order. For details regarding Direct Transfer please contact us.

CREDIT/DEBIT CARD PAYMENT – ALL MAJOR CARDS ACCEPTED

Card Number: _____

Cardholder Name: _____

Expiry Date: _____ Issue number (Switch) _____

Security Code (3 digits on signature strip on reverse): _____

Cardholder's signature: _____
(Please state address if different from above).

To help us improve our business, please tell us where you heard about Nailey Cottages.

For Office Use Only:

Booking reference: _____

Deposit: ENT

Confirmation: _____

Balance: ENT

Acknowledge: _____

Map/Directions: _____

ETA: _____

CANCELLATION INSURANCE IS STRONGLY RECOMMENDED - AN APPLICATION FORM WILL BE SENT TO YOU WITH YOUR CONFIRMATION alternatively ring Travellers Protection Services Ltd on 0870 7744056 or visit www.cancellationplan.com for immediate cover.

I agree that all the people over the age of 16 named above acknowledge that this letting is made under the booking conditions overleaf which I have read. This is governed by the terms of English Law.

Signature _____ (The Hirer) Date _____