

MAISON DE FAMILLE

BOOKING FORM

CLIENT DETAILS				Age if under 21	Any Comments you wish to make.
Title	First Name	Surname. (Name No 1 is the team leader)			
1					
2					
3					
4					
5					
6					
7					
8					
9					

BED CONFIGURATIONS		

HOW DID YOU HEAR ABOUT US ?
We would be interested to know.

DECLARATION
I HAVE READ AND UNDERSTOOD the Booking Conditions and accept them on behalf of all the persons listed.
Signature
NAME (IN CAPITALS)
Date

ADDRESS	for all correspondence
	Post Code

DATES REQUIRED		Week Commencing Saturday			
		First Choice		Second Choice	
		Day	Month	Day	Month
Please enter the dates you require. Leave blank if not applicable	1st week				
	2nd week				
	3rd week				

CONTACT DETAILS	
Home Phone	
Home fax	
Business Phone	
Business Fax	
Mobile Phone	
E-Mail Address	

PRICING		
		Price in Sterling
Rental Weeks		
Security Deposit		
TOTAL		
Initial 30% Deposit		

Please complete and sign this form. Then:

either send it by post to:
 Christopher Needler,
 Espadon, Appartement 31,
 41 Avenue des Papalins,
 MC 98000 Monaco.

or scan it and email it to:
cn@cneedler.com