

BOOKING FORM

April Cottage

Langton Matravers -Dorset

Name: _____

Address: _____

Telephone No.: _____ **No. in Party:** _____

Mobile No: _____ **Email** _____

How did you hear about April Cottage? _____

My Party Comprises (please list names of all party members and age of children (add addresses, where different to the booking address):

Please indicate beds required 1st Floor Double 1st Floor Twin beds Attic Double

Dates Required:

1st Choice **From** _____ **to** _____

2nd Choice **From** _____ **to** _____

Cost per Week **£** _____

Total Cost **£** _____

½ Deposit enclosed **£** (non returnable) Cheques payable to: R.D. Jupp

Balance to Pay **£** Due 4 weeks before arrival

Signed: _____ **Date:** _____

Return form to: **Birchwood, East Stoke, Nr. Wareham, Dorset. BH20 6AN**