

HIGHGATE FARM CARAVAN PARK

BOOKING FORM 2018

NAME:

ADDRESS:

.....

.....

POST CODE

CONTACT TEL NO:

EMAIL ADDRESS:

DATE of ARRIVAL

DATE of DEPARTURE

.....

.....

NUMBER of NIGHTS

NUMBER of ADULTS

NUMBER of CHILDREN

NUMBER of DOGS

Please circle one of the following types of Unit.

CARAVAN

TENT \ TRAILER TENT

MOTORHOME

ELECTRIC HOOK UP

Deposit required for each week staying is 3 days

Staying 3 nights or less payment must be made in full before arrival

I enclose a deposit for.....

Cheques made payable to Mrs L Smith

In the event of a cancellation the deposit / payment is non-refundable unless agreed otherwise.

On Line Banking

Account No.

Sort Code

Acc Name: Mrs L R Smith

90484059

20-99-21

Or By Credit Card Telephone Lesley