

ANSON HOUSE BOOKING FORM

NAME _____

ADDRESS _____

POSTCODE _____ E-MAIL ADDRESS _____

TEL.NO. _____ MOB. NOS. _____

HOW DID YOU FIND US _____

DATE OF ARRIVAL _____ NO. OF DAYS _____

ESTIMATED ARRIVAL TIME ____ after 4 p. m.) NO. ADULTS _____

NAMES OF ADULTS/ADDRESSES IF DIFFERENT FROM ABOVE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

NO. CHILDREN _____ AGES _____

We use 3 ft. single zip and link beds making a 6 ft super king double in both bedrooms, *please indicate your requirements.

BEDROOM 1 with en-suite bathroom with bath/shower.

Double bed/2 single beds.*

BEDROOM 2 with ensuite shower room

Double bed/2 single beds.*

There are 2 sofa beds in lounge with adjacent shower room, please indicate whether you will need bedding for these.

ONE SOFA BED/TWO SOFA BEDS.*

BOOKING REFERENCE _____ COST£ ____ £ _____

30% DEPOSIT - CHEQUE ENCLOSED _____ £ _____

I CONFIRM THAT I ACCEPT THE BOOKING CONDITIONS

SIGNED _____ DATE _____

for office use only

date prov. Booking _____

date form received _____

confirm. Sent _____

deposit rec. _____

date balance Due _____

amount due _____

ent. Comp. _____

Ref. _____

Ent. RTA site _____

Ent. Avail. _____