

BOOKING FORM

OWNERS: Lise OTHMAR

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PHONE: 00 33 (0) 565 23 71 56

GUEST DETAILS

NAME _____

HOME TEL: _____ **MOBILE** _____ **OFFICE TEL:** _____

ADDRESS: _____

POST CODE: _____ **COUNTRY** _____

Please state all names in your party and indicate couples re. use of bedrooms

| NAME | AGE if under 16 |
|------|-----------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Please reserve:

House Name: _____

Dates: _____

From: _____ **To:** _____

Special Requirements, if available:

Cot/high chair? _____

I/we enclose a deposit of _____ being 25% of the rental, and understand that the balance and security deposit is payable 8 weeks before the commencement of the tenancy. By signing this booking form, I/we warrant that I/we have read, understood and accepted the Booking Conditions, which are part of my/our Contract.

Signature: _____