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| **Brynteg Booking Form** | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name: | ................................................................................................................................................. | | | | | | |
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| Address: | ................................................................................................................................................. | | | | | | |
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| Post Code: | .............................................................. | | | Telephone: | .................................................... | | |
|  |  |  |  |  |  |  |  |
| Mobile: | .................................................................. E-mail:.............................................................. | | | | | | |
|  |  |  |  |  |  |  |  |
| Name of each person staying: | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Initials | Surname (including person making booking) | | | |  |  | Age (if under 18) |
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| Holiday Dates: | from 3pm on | ........................................................................... | | | | |  |
|  |  |  |  |  |  |  |  |
|  | until 10am on | ........................................................................... | | | | |  |
|  |  |  |  |  |  |  |  |
| Rental Charges: | .......................... | Weeks @ £ ................................... | | | per week | = £ ................................. | |
|  |  |  |  |  |  |  |  |
|  | .......................... | Weeks @ £ ........ .......................... | | | per week | = £ ................................. | |
|  |  |  |  |  |  |  |  |
| Total Rental Cost of Holiday: | |  |  |  |  | = £ ................................. | |
| Deposit 30% of total cost of holiday (100% if booked within 8 weeks of holiday) = £ .................................  Please find enclosed a cheque for £............ | | | | | | | |
| I HAVE READ AND AGREE TO THE BOOKING CONDITIONS ATTACHED | | | | | |  |  |
|  |  |  |  |  |  |  |  |
| Signed: | ..................................................................................... | | | | Date: | ....................................... | |
|  |  |  |  |  |  |  |  |
| Note: | Please complete this Booking Form and return with your payment to: | | | | | |  |
|  | Mr D. E. R. Simons, 11 Southlands Drive, West Cross, Swansea SA3 5RA  All cheques to be made payable to Mr D.E.R.Simons | | | | | |  |