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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 5RAAll cheques to be made payable to Mr D.E.R.Simons |  |