

Please contact us to check availability before sending your booking form.
 Tel: +44 (0)1525 402322 or +44 (0)7905 249335 Email: sales@italianproperties.co.uk
 To make a booking, print out and fill in this booking form and post to: 30 Church Street, Amptill, Beds MK45 2EH

Italian Properties

BOOKING FORM

Please complete both pages.

PARTY LEADER DETAILS

| | | |
|--|--------------|-----------------|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> | First Names: | Surname: |
| Postal Address | | Contact Numbers |
| Address: | | Home Tel: |
| | | Mobile: |
| | | Work Tel: |
| | | E-mail: |
| | | Other: |

BOOKING DETAILS

| Property | From Date | To Date | Weeks No. | Total Rent |
|----------|-----------|---------|-----------|------------|
| | | | | £ |

| Couples No. | Families No. | Singles No. | Total Guest No. | Adults (11-65) | Over 65 |
|-------------|--------------|-------------|-----------------|----------------|---------|
| | | | | | |

| Names of additional members; please state whether Mr/Mrs/Ms/Miss/Mstr | Age on departure if under 18 | It would be helpful if you could tell us: |
|---|------------------------------|---|
| 2 | | a) How you heard about us |
| 3. | | _____ |
| 4. | | b) Your Profession/Occupation: |
| 5. | | _____ |
| 6. | | If you would like further information, or have any queries, please state below: |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

REQUIREMENTS

| | | | | |
|--|---|--------------------------------------|---|--|
| Security deposit enclosed <input type="checkbox"/> | Extra cleaning payments <input type="checkbox"/> | Pool towels <input type="checkbox"/> | Ready meal for arrival <input type="checkbox"/> | Meet and greet required <input type="checkbox"/> |
| <i>Above choices must be paid for with final balance</i> | | | | |
| Cot and highchair (free) <input type="checkbox"/> | Shopping required (paid locally) <input type="checkbox"/> | | | |

ARRIVAL

| | | | |
|---------------------|--|--------------------|--|
| Flight arrival time | | Villa arrival time | |
|---------------------|--|--------------------|--|

Cont...

Deposit (35% of total property rental or full amount if within 10 weeks of travel)

I Enclose Cheque for:
(Made payable to: **Italian Properties**)

= £ _____

VISA/MASTERCARD CREDIT CARD PAYMENTS ARE ACCEPTED ONLINE AT:

www.italianproperties.co.uk/payment

A service charge of 2.5% must be added to all credit card transactions.

Please note that we accept payment in English Sterling.

I confirm that I am authorised to make this booking on behalf of all the above named persons and that I accept on their behalf the Conditions of Booking. I further warrant that none of the party members will be travelling contrary to the advice of a medical practitioner.

Signed: _____

Date: _____