

Gables Court **BOOKING FORM**

PLEASE COMPLETE AND FORWARD TO:

Mrs M Thompson, 22 Hill Road, Swanage, Dorset BH19 1RH Telephone 01929 426516

NAME (Mr/Mrs/Miss)

ADDRESS

POST CODE

TELEPHONE NUMBER

PLEASE RESERVE APARTMENT NO _____ FROM SATURDAY

TO SATURDAY

I ENCLOSE REQUIRED DEPOSIT OF £

(half total charge)

Cheques made payable to Mrs M A Thompson

TOTAL NUMBER OF PERSONS

Mr/Mrs/Miss NAMES

AGE, if under 15

Mr/Mrs/Miss NAMES

AGE, if under 15

1

4

2

5

3

6

NB. The occupation of the apartment is STRICTLY LIMITED to those named above

DOG YES NO

LINEN REQUIRED YES NO

COT REQUIRED YES NO

HIGHCHAIR REQUIRED YES NO

DATE

SIGNED

How did you find Gables Court?

Stayed before Friend referral visitdorset.com

ownersdirect.co.uk gables-apartments.co.uk

Other (please specify)

SEND

Cut here

RETAIN

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