

LastResortBookingForm2006/7

PartyLeader
 Title _____ Forenames _____ Surname _____
 Address: _____
 _____ Postcode _____
 Telephone:Day _____ Eve _____ Mobile _____
 Email _____
 DietaryRequirements _____
 I/Wehavereadandfullyacceptedthebookingcondi tionsandconfirmthatI/wehaveappropriatetravel insurance
 Signed _____ Date _____
 (Iamover18yearsold)onbehalfofallpartvmem bers.

Pleasereserveformethefollowingaccommodation:		Price
HolidayStartDate _____	FinishDate _____	Noofnights _____
	No.adults _____	Under14's _____
	Under2's _____	
CateredChalet:		
Noofrooms _____	for _____	_____
PreFleuriapartments :	2roomapartmentfor _____	_____
	3roomapartmentfor _____	_____
	4roomsfor _____	_____
	"Penthouse"aptfor _____	_____
Numberofextrarooms _____	for _____	_____
Villageapartments:		
Reference _____	for _____	_____
Transfers	Mustbebookedatleast1weekpriortodeparture	
Genevaairport/	Otherairport _____	(P leasefillin/deleteasappropriate)
Arrival:	Date _____ Time _____	Flightn umber _____ From _____ No.ofpeople _____
Departure:	Date _____ Time _____	Flight number _____ To _____ No.ofpeople _____
Anncytrainstation		
Arrival:	Date _____ Time _____	From _____ No.ofpeople _____
Departure:	Date _____ Time _____	From _____ No.ofpeople _____
Ferry	P&OStenaDover/Calais _____ Hull/Zeebrugge _____	CabinType(Hull) _____
	Mustbebookedatleast1weekpriortodeparture.	Pleasebookasearlyaspossible.
Outbound:	Date _____ Preferredcrossingtime _____	ClubLoungeY/N No.ofpeople _____
Return:	Date _____ Preferredcrossingtime _____	ClubLoungeY/N No.ofpeople _____
CarMakeandModel _____	Registrationnumber _____	
Extracars _____	Registrationnumber _____	
20%Depositenclosed £ _____	Balance £ _____	topay
Balancedue8weeksbeforedeparture.Pleasemakec hequespayabletoTheLastResortTrust		Totalholidaycost £ _____

ForPreFleuricateredchaletandapartments,pleas eindicatebedconfigurationrequired:

Doubrerooms _____ Twinrooms _____ Triple rooms(doubleplussingle/3singles) _____
 Quad(doubleplusbunks/twinplusbunks) _____ Extrabeds _____ Cot _____
 Other _____

Pleasereturnthisformwithyourchequeto:

TheLastResort,FullersEarth,Cattistock,Dorset DT20JL

09/05v1

Name _____ Ad dress _____

Postcode _____
Email _____ TelephoneDay _____ Eve _____ Ageifu nder18 _____
DietaryRequirements _____

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