

OrlandoLuxurySunshineVilla.com Rental Booking Form

PARTY LEADER

Name : _____

Address : _____

Post code : _____

Country : _____

Day telephone : _____

Evening telephone : _____

Email : _____

Arrival date : _____

Departure date : _____

Are these dates likely to change: _____. If so, please explain below

Numbers in party : (Adults) _____ (Children) _____

DETAILS OF OTHER PARTY MEMBERS

	Mr/Mrs/Miss	Initials	Surname	Age (if under 18)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Visit our website at <http://www.orlandoluxurysunshinevilla.com/>

Feel free to contact the owners (Deanne Ambrose) in the UK:

E-mail deanne.ambrose@uwclub.net

Telephone **01403 260939**

EXTRA FACILITIES

SPECIAL REQUIREMENTS

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I agree that, in the event of any problem arising during my holiday, I will contact the local management company. Failure to do so will result in no liability being accepted in respect of subsequent claims received.

I certify on behalf of the persons included on this booking form that I am authorized to make this booking.

I have read and agree to the terms and conditions as set out in the details.

I enclose a cheque for £100 sterling per week for the non-refundable deposit. (The completed booking form and deposit needs to be returned within 7 days of your initial reservation being accepted).

I agree to pay the balance in full no later than Eight weeks prior to my arrival date /I enclose a cheque for _____ , in full payment for this rental. (Delete as applicable).

All Cheques should be made payable to 'Deanne and Graham Ambrose'. Please contact us for the Billing address.

Signed.....

Date.....

(PARTY LEADER)

Please print name

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