

Please Telephone in first instance to check availability

Name Mr / Mrs / Miss _____

Address _____

Post Code _____

Email _____

Telephone (Day) _____
(Evening) _____

Car Reg. Number _____

Additional Persons

Name	_____	Age if Juvenile	_____
Name	_____	Age if Juvenile	_____
Name	_____	Age if Juvenile	_____
Name	_____	Age if Juvenile	_____

Special Requirements

Cot Baby Bath High Chair Single Beds

Arrival Date _____ **Departure Date** _____ **No. Of Weeks** _____

Est. Arrival Time _____ **Chosen Apartment** _____ **Second choice** _____

Cost Per Week £ _____ **Additional Cost = No of extra persons** _____ **Cost £** _____

Total Cost£ _____ **Deposit Enclosed £** _____ **Balance Due £** _____

*On behalf of the above named persons I accept the booking conditions as laid down by the proprietors of Pantiles and have enclosed my cheque /postal order for £ _____ made payable to Pantiles in respect of our *deposit. / *Full Payment * Delete as necessary **

Signed _____

Print Name _____ **Date** _____

We would be most appreciative if you would indicate how you found us. Please tick the appropriate box

Internet **Go West** **Self Catering Holidays** **Tourist Board**

Stayed before **Recommendation** **Passed by**