

Chalet Alpine Booking Form

Please print clearly in block capitals

Lead Name

Address

.....

.....Post Code.....

Telephone e-mail

Please list the names of everyone who will be staying at the chalet and the ages of everyone under 16. (If any).

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Date of arrival Date of departure

Arrival airport (so we can send the relevant directions)

I have read & accept the terms and conditions of booking and include a signed copy with this booking form. I enclose a deposit of £100 per week and agree to pay the balance due (including the security deposit) in full no more than 8 weeks before arrival. Cheques to be made payable to **Ms Sharon Cawtheray**.

Signed Date

Print Name

Following clearance of your deposit a receipt will be issued and an invoice for the balance due will be forwarded to you.

Please send this form, your payment and signed terms and conditions to :

Ms Sharon Cawtheray 32 Markham Avenue Rawdon Leeds LS19 6NF