

CHALETS/CARAVANS BOOKING FORM

EDGCUMBE AVENUE, NEWQUAY, CORNWALL TR7 2JY. Tel: 01637 873447 Fax: 01637 852677 www.trenanceholidaypark.co.uk

Please complete in BLOCK CAPITAL LETTERS. The booking is made by the first person on behalf of all those named on the form and that person declares that the conditions of booking set out herein have been read and are accepted on behalf of all those listed below.

PLEASE NOTE:- BOOKINGS ACCEPTED FROM FAMILIES AND COUPLES ONLY. NO SINGLE SEX GROUPS. NO DOGS.

We reserve the right to refuse any potential booking.

Please list below the name, addresses and postcodes of all persons in your party. The first person named below will be sent confirmation of booking. Only those listed will be permitted to occupy the accommodation.

Mr/Mrs/Miss	Surname	Initials	Full Address	Postcode	Age if under 21

Lead name email address:

PLEASE TICK TYPE OF ACCOMMODATION YOU REQUIRE

TYPE	DESCRIPTION	1ST CHOICE	2ND CHOICE
6 BERTH	CHALET		
4 BERTH	CHALET		
2 BERTH	CHALET		
6 BERTH	CARAVAN		
4 BERTH	CARAVAN		
2 BERTH	CARAVAN		

**COT HIRE
£10 per week**

Please tick box if required

DATES YOU REQUIRE

ARRIVE 3.00pm	DAY	MONTH	YEAR	DEPART 10.30am	DAY	MONTH	YEAR
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Deposit payment and declaration: I agree to the conditions of booking and enclose a Cheque/Postal Order made payable to TRENANCE HOLIDAY PARK for £50.00 **PER CHALET/CARAVAN PER WEEK**

Amount of Deposit enclosed

CREDIT CARDS: I wish to pay by MASTERCARD/SWITCH/VISA/AMERICAN EXPRESS*

** delete as applicable*

CREDIT CARD NUMBER.

VALID FROM

EXPIRY DATE

SECURITY CODE (Last 3 digits on reverse of card)

SWITCH CARD ISSUE NUMBER

CARD HOLDERS SIGNATURE

PLEASE PRINT NAME

CARD HOLDERS FULL ADDRESS (INCLUDING POSTCODE)

The deposit on my holiday **YES / NO*** • My balance 21 days before my holiday **YES / NO*** • The total amount of my holiday **YES / NO***

I undertake to pay the balance not later than 21 days before commencement of the holiday and declare that I have read and accept the conditions of booking on behalf of all those listed above.

SIGNED

DATE

TEL No: