

BOOKING FORM 2009

Premier, Chy Mor & Chy an Chy apartments, Beach House, The Wharf, St Ives, Cornwall. TR26 1QA

Telephone: (01736) 798798

Email booking: info@stivesharbour.com

Name and address of person making booking (block letters please)

Mr/Mrs/Ms
House No./Street
Town
County
Post Code

Telephone Numbers:

Day	
Night	
Mobile	
e mail	

CHOICE OF HOLIDAY DATES	HOLIDAY APARTMENT
1. From _____ to _____	First Choice
2. From _____ to _____	Second Choice
3. From _____ to _____	Third Choice

PARTY MEMBERS (please include person making the booking)

NAME	Age if under 18 years	NAME	Age if under 18 years
Mr/Mrs/Ms		Mr/Mrs/Ms	
Mr/Mrs/Ms		Mr/Mrs/Ms	
Mr/Mrs/Ms		Mr/Mrs/Ms	
Mr/Mrs/Ms			

No additional booking fee. Now inclusive of bed linen (duvet cover, sheet, pillowcases).

Insurance Unless you have your own insurance, please complete the enclosed insurance form and send it direct to Rothwell & Towler. Rothwell & Towler Own

Please tick box

Apartment Hire Charge

£

Please indicate the number required of the following:

Towel Packs (Hand & bath towel at £5 per person per week)

£

Total £

Less 30% deposit £

Balance of rental payable 3 weeks before arrival £

Damage deposit £100 (separate cheque please) Payable 3 weeks before arrival £ 100.00

Please make out crossed cheques to M Gill

Reserved Car Parking Spaces:

Penlan Car Park (Beach Road Porthmeor)

14/3/09 to 9/10/09 inc £35 per week

£

(Not suitable for large people carriers/minibuses)

All other times £15 per week

£

Digey Square (small/medium car only)

£38 per week

£

Porthgidden Car Park

£37 per week

£

Car Reg. No. _____

Please make cheques payable to Chy Mor Parking

Total £

HOW DID YOU HEAR OF US?

Recommendation Guide Internet Previous stay

I have read and accepted the Terms and Conditions of Booking. I am over 18 years of age and agree to be wholly responsible for the balance of the rental for the property/properties booked, all in accordance with the Conditions of Booking.

I agree to leave the property in a clean and tidy condition and to be responsible for any and all damage or breakages howsoever caused.

Signature _____

Date _____

2% will be added to cover CREDIT card processing charges. Please tick if are using a debit card

Please also use my card details for the balance when due

Delta Electron Maestro Mastercard Solo Visa

Please tick box

Credit/Debit Card Number

Valid From: / Expiry date: / Issue No (Maestro only)

Security No. (Last 3 numbers from strip on reverse or telephone 01736 798798)

Card Holders Name (please Print) _____

Cardholders Signature: _____

For administrative purposes only, your receipt will show Beach Restaurant