BOOKING FORM 2010

Premier, Chy Mor & Chy an Chy apartments, Beach House, The Wharf, St Ives, Cornwall. TR26 1LG
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 and Damage Deposit payable 3 weeks before arrival £

Damage deposit £100 (separate cheque unless paying by card please) £ 100.00

Please make out crossed cheques to M Gill

Reserved Car Parking Spaces:

Penlan Car Park (Beach Road Porthmeor)	27/3/10 to 29/10/10 inc £37 per week	☐	£
(Not suitable for large people carriers/minibuses)	All other times £16 per week	☐	£
Digey Square (small/medium car only)	£40 per week	☐	£
Porthgwidden Car Park	£39 per week	☐	£

Car Reg. No. _____

If paying by cheque, 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 th 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 _____

Credit Card Customers: 2% will be added to cover processing charges Debit Card ☐ *Please tick box*

Delta Electron Maestro Mastercard Solo Visa *Please tick box below to use same card for balance when due*

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