



PLEASE PRINT FORM

Surname. 1st name.....

Partners Surname. Partner's 1st name.

Address.
.....
.....

Postcode. Email:

Tel. No. Mobile No.

Additional days if required, please state Number.

Please advise if before or after main week required.

Type of room - please tick. To avoid single supplement, a twin room can be shared with another Member other than who is named on this form. Please name where indicated.

Single. Sole Occupancy – please delete Yes / No Share with.

Double.

Twin.

Mini Suite. Additional price on request

Half / Full Board. (Please delete accordingly)

(Supplements will have to be paid for a single room or mini suite and half or full board).

Airport of departure (Please note daily flights are from Heathrow and Gatwick only. Other destinations may only be weekly).

1st Choice.

2nd Choice.

Car Hire required – please delete Yes / No Travel Insurance required – please delete Yes / No

If yes No of hire days required.

Type of car required – please delete Small / Medium / Large

Air Conditioning required – please delete. Yes / No

Signed Date.....

Signed Date

Please note:

ALL parties have to sign this form. Payments are to be made in favour of: L. Holdsworth Verdala Account. Please kindly post this form and the appropriate booking fee to:-

Lin Holdsworth, 14 Merlin Gardens, Hedge End, Southampton, SO30 4UA.

Tel. No 01489 790506 Mobile 07711 849036