Villa Sant'Angelo Booking Form

Return with deposit cheque to address shown below

Customer details (please print clearly)

Name	Tel	
Address	Mobile	
	Fax	
	E-mail	

Dates	Cost per week
Date of Arrival:	£
Date of Departure:	£
No. of weeks:	
TOTAL COST:	**£**
Deposit (25% of total cost) **Cheques payable to: Mrs Holden, Wickens & Robinson**	**£**

Number in Party		NAMES
Adult/Child		
Adult/Child		
Adult/Child		
Adult/Child		
Adult/Child		
Adult/Child **Delete as applicable**		

❒ I agree to Terms & Conditions (available to download from Web Page):

Signature: _____

Print Name: _____ Date: _____

FOR OFFICE USE ONLY : Account Name: _____

Cheque No: _____ Sort Code: _____ Account No: _____ Date Rec'd _____

Contact details:

Mrs K Wickens, Piglets Place, Valley View Rise, Martlesham, Woodbridge, Suffolk IP12 4UD

Tel: 01394 386376 /mobile: 07810 403 576 FAX: 01394 286105 e-mail: villastangelo@googlemail.com