

OFFICE USE	
Caravan No	
In Date	
S.B. Paid	
Bal Due	

BOOKING OFFICE
01872 572385

PERRANPORTH CARAVAN HOLIDAYS
BOOKING FORM

Please complete and forward to :- Mr. R. Abram
1 Crow Hill, Bolingey Perranporth, Cornwall TR6 0DG

Please reserve for me (name of unit), sited at Perranporth Caravan Holidays, Perran Sands, Perranporth, Cornwall for ONE/TWO WEEKS

from Saturday 3.00p.m on

to Saturday 10.00 a.m. on

The members of my party (maximum of 6), including myself are:

Title			Age		
Mr/Mrs	Initial	Surname	if under 21	Full Address	Postcode

Phone number; Evening.....

Mobile.....

My Car Reg. Number is.....

My E-Mail Address is.....

I enclose the booking fee of 25% of the total cost £.....(if sending full amount please add on £50 damage/excess cleaning deposit. See note 14 overleaf.

Please make cheques payable to “Perranporth Caravan Holidays”

Balance due **40** days before start of holiday. (Don’t forget to add on the £50 damage / excess cleaning deposit. See No. 14 over for details.)

I have read and understand the conditions of hire. I am over 21 years of age.

SIGNATURE OF HIRER.....

PLEASE PRINT NAME.....