

PLEASE DO NOT COMPLETE THIS FORM UNTIL YOU HAVE RECEIVED CONFIRMATION FROM KENDAL HIDEAWAYS THAT THE APARTMENT IS AVAILABLE AND HAS BEEN RESERVED FOR YOU

KENDAL HIDEAWAYS BOOKING FORM
Complete one form for each apartment booked and return to Bookings at Kendal Hideaways, New Inn House, New Inn Yard, Yard 94, Highgate, Kendal, Cumbria, LA9 4HE

NAME & TITLE OF PERSON COMPLETING THIS FORM
 This person is responsible for the booking and payment and accepts the relevant terms and conditions on behalf of everyone in the party. We are unable to accept bookings from anyone under the age of 18.

Dr/Mr/Mrs/Miss/Ms

NAME OF APARTMENT BOOKED This booking is confirmed when Kendal Hideaways issues a receipt of payment.

ARRIVAL DAY (eg Friday) Your property is available from 3pm; departure is by 10am on your last day

ARRIVAL DATE: DAY/MONTH/YEAR

NUMBER OF NIGHTS

TOTAL PROPERTY RENTAL PAYABLE (£)

YOUR ADDRESS INC POSTCODE

WORK TEL NO

HOME TEL NO

MOB TEL NO

NAMES OF ADULTS IN PARTY (AGED 18+) Under no circumstances can the total number of individuals sleeping overnight exceed the maximum number of people stated for that property— see www.kendalhideaways.co.uk for apartment information pages.

NAMES & AGE OF CHILDREN IN PARTY
 (excluding infants in cots)

NAMES & AGE OF INFANTS IN COT/S
 (We have travel cots, high chairs, play pen and baby bath available on request)

NAMES OF DAY VISITORS - ADULTS

NAME & AGE OF DAY VISITORS; CHILDREN & INFANTS

HAVE YOU STAYED WITH US BEFORE?
 If yes, please tell us how many times...

HOW DID YOU HEAR ABOUT US?

E MAIL ADDRESS

DATE FORM COMPLETED

OFFICE USE ONLY

	£	Paid	How paid?	ACK	Invoice raised
Total rental					
Booking deposit					Payment Dates Diarised
Balance of payment					
Full payment					