

BOOKING FORM

I would like to book the apartment Las Palmeras 14 and agree to abide by the terms and conditions already supplied.

Period : From: _____ To: _____

Name of adult : _____

Address _____

Telephone(s): _____

E-mail _____

Details of other guests (Names; age if under 18)

- | | |
|----------|------------|
| 1. _____ | Age _____ |
| 2. _____ | Age _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age _____ |

I enclose a cheque payable to Mr R Giorgi for £ _____

Signed _____ Date _____

Flight Details (if known):

Arrival Airport _____ Time: _____ Flight No: _____

Departure Airport _____ Time: _____ Flight No: _____

Beds to be made up: King Size _____ Single _____ Z Bed _____

Cot (free of charge) _____

Please return to : **Jane and Rob Giorgi, 18 Garners Road,
Chalfont St Peter, Bucks, SL9 0EZ**

For more information contact us by phone 01494-873600 or by e-mail on
Rob.Giorgi @ btinternet.com