

Please contact us to check availability before sending your booking form.
 Tel: +44 (0)7905 249335 Email: sales@italianproperties.co.uk
 To make a booking, print out and fill in this booking form and post to:
Italian Properties, c/o Notts Ltd, Plaza 668, Hitchin Road, Luton, LU2 7XH, UK

Italian Properties

BOOKING FORM

Please complete both pages.

PARTY LEADER DETAILS

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	First Names:	Surname:
Postal Address		Contact Numbers
Address:		Home Tel:
		Mobile:
		Work Tel:
		E-mail:
		Other:

BOOKING DETAILS

Property	From Date	To Date	Weeks No.	Total Rent
				£

Couples No.	Families No.	Singles No.	Total Guest No.	Adults (11-65)	Over 65

Names of additional members; please state whether Mr/Mrs/Ms/Miss/Mstr	Age on departure if under 18	It would be helpful if you could tell us:
2		a) How you heard about us
3.		_____
4.		b) Your Profession/Occupation:
5.		_____
6.		If you would like further information, or have any queries, please state below:
7.		
8.		
9.		
10.		

REQUIREMENTS

Security deposit enclosed <input type="checkbox"/>	Extra cleaning payments <input type="checkbox"/>	Pool towels <input type="checkbox"/>	Meet and greet required <input type="checkbox"/>	Cot and highchair (free) <input type="checkbox"/>
<i>Above choices must be paid for with final balance</i>				

ARRIVAL

Flight arrival time		Villa arrival time	
---------------------	--	--------------------	--

Cont...

Deposit (35% of total property rental or full amount if within 10 weeks of travel)

I Enclose Cheque for:

= £ _____

(Made payable to: **Exors of R P Cannell**)

CREDIT CARD PAYMENTS ARE ONLY ACCEPTED VIA OUR ONLINE RENTAL SYSTEM:

www.italianproperties.co.uk/booking.html

Please note that we accept payment in English Sterling.

I confirm that I am authorised to make this booking on behalf of all the above named persons and that I accept on their behalf the Conditions of Booking. I further warrant that none of the party members will be travelling contrary to the advice of a medical practitioner.

Signed: _____

Date: _____