

# HARWIN APARTMENTS RESERVATION FORM

A no-smoking establishment



(BLOCK CAPITALS PLEASE)

Name.....

Address.....

..... (Post Code).....

Telephone Number (.....)..... Email address.....

DAY DATE MONTH YEAR

Arrive:-

Depart:-

**Names of People in Party** (Please give ages if under 18 years):-

[1] [4]  
[2] [5]  
[3] [6]

**Apartment name:-**

Remarks:-

Deposit of 20% required to secure a reservation.

Full payment with booking form if less than 6 weeks to arrival date.

Cheques payable to Harwin Apartments OR Please debit my card



or



Credit/Debit card no.....

start date..... expiry date..... issue no (switch only).....

security no. (last 3 numbers on signature strip)..... Amount £ .....

Final balance due **6 weeks** prior to arrival.

*Holiday cancellation insurance is compulsory. Please either use the enclosed form and send with premium direct to Rothwell Towler or arrange alternative cover.*

**I have read and agree to the Booking Conditions enclosed.**

Signed..... Deposit Encl. (20%)..... Date.....

N.B. We will endeavour to book your requested accommodation for the dates and apartment specified. No guarantee can be given if previous guests have already booked such dates/apartments. Should this occur your deposit will not be banked by us. We will offer the closest dates/type of apartment left available. If this not be satisfactory we will, of course return the deposit cheque immediately.