



Scarborough Holiday Accommodation

Booking Form

Holiday Venue _____

Start Day (day of week) Start Date __ __ / __ __ / __ __ (dd/mm/yy)

No of nights _____

No in party
Adults Children Infants

No beds required
Double Single Folding beds

Please tick if required
Cot (we do not supply linen) High chair

Your approximate time of arrival pm (2.30 or later please)
If this changes please let us know even if you are en-route

Parking permits (if required for that property) will be supplied for 1 vehicle only. Please tell us in the NOTES FOR OUR ATTENTION section if you need extra ones for a second vehicle (there will be a charge for second permit)

Name: Tel No
Address: Mob No
Email

Post code: _____

I have read, understood and agree to be bound by your terms and conditions

Signed: _____ Date: _____

Notes for our attention: Please mention here any special requests / requirements or any additional information you were not able to include elsewhere. (write on back of form if you need to)

Cheques should be made payable to Mrs S Lacey and sent with this form to
10, Osgodby Grove
Scarborough
YO11 3JN