

**BOOKING FORM
APARTMENT 8A,
RESIDENCE SAN GIOVANNI,
CASTELSARDO, SARDINIA**

Arrival Date _____ Departure Date _____

LEAD PARTY NAME

Surname _____ First Name _____

Date of Birth _____ Passport No. _____

Address _____

Home Telephone No. _____ Mobile No. _____

E-Mail: _____

Details of Other Guests

Surname _____ First Name _____

Date of Birth _____ Passport No. _____

Address _____

Surname _____ First Name _____

Date of Birth _____ Passport No. _____

Address _____

Surname _____ First Name _____

DOB _____ Passport No. _____

Address _____

Flight Arrival Date _____ Flight Number _____

Time of Departure _____ Time of Arrival _____

Arrival Airport/Port _____

A COPY OF OUR TERMS AND CONDITIONS AND CANCELLATION POLICY IS ATTACHED. PLEASE READ AND SIGN ONE COPY OF BOTH DOCUMENTS TO CONFIRM YOUR ACCEPTANCE AND RETURN TOGETHER WITH YOUR DEPOSIT CHEQUE OF £187.50 TO:

**Andrea Wall
Mynydd Farm Cottage
Trelawnyd
Flintshire
LL18 6DY**

Tel: 01745 570440

SIGNATURE OF LEAD PARTY NAME: _____

PLEASE PRINT NAME IN FULL: _____

PLEASE NOTE THAT CHECK-IN MAY ONLY TAKE PLACE AFTER 3.00 PM ON YOUR ARRIVAL DATE. CHECK-OUT MUST BE COMPLETED BY 10.00 AM ON YOUR DEPARTURE DATE. IF THIS IS PROBLEMATIC, PLEASE LET US KNOW AS THERE MAY BE OCCASIONS WHEN AN EARLIER CHECK-IN IS POSSIBLE.

PLEASE INDICATE WHERE YOU HEARD ABOUT US

HOME LETTINGS ADVERTISEMENT

OUR WEBSITE WORD OF MOUTH

PLEASE TICK THE ATTACHED BOX IF YOU DO NOT WISH TO RECEIVE OUR NEWSLETTER DETAILING SPECIAL RATES AND PROVIDING CURRENT LOCAL INFORMATION.

BOOKING CONDITIONS

PAYMENT

- AT THE TIME OF BOOKING A 25% DEPOSIT IS REQUIRED. CHEQUES WILL BE ACCEPTED UP TO TWO WEEKS AFTER THE INITIAL BOOKING.
- CHEQUES SHOULD BE MADE OUT TO ANDREA WALL AND RETURNED WITH A SIGNED COPY OF YOUR BOOKING DOCUMENTATION.
- THE BALANCE DUE IS REQUIRED TO BE PAID 10 WEEKS PRIOR TO YOUR DEPARTURE DATE.

DAMAGE DEPOSIT

- UPON PAYMENT OF FINAL BALANCE OF THE HOLIDAY YOU WILL BE ASKED TO PROVIDE A CHEQUE IN THE SUM OF £75 TO COVER ANY DAMAGE TO THE PROPERTY. THIS CHEQUE SHOULD BE DATED ON THE FINAL DAY OF YOUR HOLIDAY AND WILL BE RETURNED TO YOU ONCE WE HAVE CONFIRMED THAT NO DAMAGE HAS OCCURRED.

RESIDENCE SAN GIOVANNI

- NO PETS ARE ALLOWED
- SMOKING IS PROHIBITED IN THE APARTMENT
- THERE MAY BE OCCASIONS WHEN THE POOL MAY BE CLOSED FOR CLEANING AND MAINTENANCE AND THIS WILL BE BEYOND OUR CONTROL.
- PLEASE USE THE ALLOCATED PARKING SPACE FOR APARTMENT 8A.
- PLEASE NOTE THAT CHECK-IN MAY ONLY TAKE PLACE AFTER 3.00 PM ON YOUR ARRIVAL DATE. CHECK-OUT MUST BE COMPLETED BY 10.00 AM ON DEPARTURE DATE. FAILURE TO VACATE THE PROPERTY AT THE AGREED TIME MAY RESULT IN ADDITIONAL CHARGES BEING LEVIED AS WE ARE UNDER STRICT TIMEFRAMES TO HAVE THE APARTMENT CLEANED IN READINESS FOR OUR NEXT GUESTS.
- MAXIMUM 4 GUESTS UNLESS OTHERWISE AGREED

CANCELLATION POLICY

IF YOU WISH TO CANCEL YOUR BOOKING THIS MUST BE PROVIDED IN WRITING BY THE LEAD PARTY MEMBER AND SENT TO US BY RECORDED DELIVERY.

- UP TO 10 WEEKS PRIOR TO DEPARTURE – LOSS OF DEPOSIT ONLY
- 10-6 WEEKS PRIOR TO DEPARTURE – 50% OF TOTAL COST
- UNDER 6 WEEKS PRIOR TO DEPARTURE – 100% OF TOTAL COST

PLEASE NOTE THAT YOU SHOULD ENSURE THAT YOU HAVE TAKEN OUT A SUITABLE INSURANCE POLICY TO COVER YOUR HOLIDAY - MANY REASONS FOR CANCELLATION MAY BE COVERED UNDER YOUR INSURANCE POLICY.

IN THE EVENT THAT WE ARE UNABLE TO PROVIDE THE APARTMENT DUE TO CIRCUMSTANCES BEYOND OUR CONTROL WE WILL PROVIDE YOU WITH A FULL REFUND.

DECLARATION

I DECLARE ON BEHALF OF ALL MEMBERS OF MY PARTY THAT I HAVE READ AND AGREE TO THE BOOKING CONDITIONS.

SIGNATURE OF LEAD PARTY NAME: _____

PLEASE PRINT NAME IN FULL: _____

DATE: _____