

Moulin De Perle

ART HOLIDAYS BOOKING FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name:

Address:

Postcode:

Home Tel:

Day Tel:

Fax:

Email:

Arrival Date:

Departure Date:

Number of Adults:

Number of Artists:

Names of other party members:

Special Requests:

I am authorised to make this booking on behalf of my party. I am over 18 years of age.

I enclose a non refundable deposit £_____ being 25% of the total holiday cost and agree to pay the balance £_____, 8 weeks before the start date of the holiday. (If booking within 8 weeks of the holiday start date the full amount should be enclosed with booking form). **Payment via transfer into our UK bank account details available on request (Sterling) or Cheque payable to Mrs K Nuth posted to address below with booking form (Sterling or Euros)**

Signature:

Date:

* I hereby accept and acknowledge all current conditions of booking

Source of advertisement:

Please Post: Stuart or Kate Nuth, Moulin de Perle, 66220 Fosse, France
Tel/Fax: 0033 468 59 27 93 **E Mail** info@pyreneesgites.com