Haven Florida Villa Booking Form.

NAME_____
ADDRESS_____
_____POSTCODE_____
DAY TEL:_____EVENING:_____MOBILE_____
EMAIL_____FAX_____
DATES REQUIRED. ARRIVING_____
DEPARTING_____
LIST ALL OCCUPANTS IN YOUR PARTY. STATING AGES IF UNDER 21 (REQIRED BY FLORIDA LAW)

TITLE	FULL NAME	AGE IF UNDER

COSTS:
NUMBER OF NIGHTS INCL US TAX:_____ @ DAILY RATE OF _____ = TOTAL_____

NUMBER OF WEEKS INCL US TAX:_____ @ DAILY RATE OF _____ = TOTAL_____

OPTIONAL POOL HEAT @ £80/$130 PER WEEK OR £12/$22 PER DAY = TOTAL_____

TOTAL COSTS

I WOULD LIKE FREE USE OF COT/CRIB ☐ HIGHCHAIR ☐

Bookings are not accepted until a deposit of 20% of the rate has been paid the balance is due 10 weeks prior to departure.
I agree to pay the balance 10 weeks prior to departure.
I understand that a security deposit of £200/$300 must be paid with the balance and will be returned to me after inspection by Management Company.

I have read, understand and accept the terms and conditions as stated on behalf of my party and myself. I am over 21 years of age.

SIGNATURE_____DATE_____
Please make all cheques payable to Dr. A O Allen and sent to 220 Gipsy Road, Welling, Kent, DA16 1JH, United Kingdom