

BOOKING FORM FOR CAMPING AND TOURING HOLIDAYS

(This form must be completed at the time of booking)

**WAVERLEY PARK HOLIDAY CENTRE
OLD ROAD, EAST COWES
ISLE OF WIGHT, PO32 6AW**

Pitch Allocated

**TELEPHONE: 01983 293452 FAX: 01983 200494
email:sue@waverley-park.co.uk
Web: www.waverley-park.co.uk**

A deposit of 25% of the total holiday cost is required when booking and the balance is payable SIX WEEKS PRIOR TO ARRIVAL.

| NAMES | AGE if under 18 | ADDRESS | POST CODE | TELE- PHONE NUMBER |
|------------------|--------------------------|-------------------|--------------|--------------------------|
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| *Dog..... | | Breed..... | | |

*Dogs are accepted by prior arrangement.

HOLIDAY DATES REQUIRED : FROM...../...../..... TO...../...../..... NO. OF NIGHTS.....

TYPE OF UNIT: (Please circle) MOTOR HOME/ TOURING CARAVAN/ FRAME TENT/ TRAILER TENT.

ELECTRICITY: (Please circle) YES/NO.

TO BOOK FERRY – PLEASE SEE OVERLEAF.

Signature of person making booking.....(I declare I am over 18 years of age).

PAYMENT OPTIONS:

By cheque or postal order made payable to ‘Waverley Park Partnership’

The sum of £..... Cheque number.....

OR By Visa, Switch or Mastercard

The sum of £..... Card No...../...../...../..... Expiry date/..... Valid from...../.....

**Issue No. (If any)....
Security Number**

