

Name(1) _____

Address _____

_____ Post code _____

Tel _____ Email _____

Your Party

Please state age if under 16

Name (2) _____

Name (3) _____

Name (4) _____

Name (5) _____

Name (6) _____

No. of dogs _____

Dates Required

From 4pm on Sat / / To 10am on Sat / /

Caravan Type

2 Bedroom - 4 Bed _____ 3 Bedroom - 5 Beds _____ 3 Bedroom - 6 Beds _____

Payment Details

Tariff £ _____

Deposit £ _____

Balance £ _____

Special Requirements

Every effort will be made to comply with any reasonable request and you will be notified if it is not possible.

I have read and agree to the terms of booking.

Signed:(Lead Name 1) _____ **Date** _____

All payments must be by cheque payable to: **SILVERGLADES SERVICES LIMITED** and sent to: **Silver Glades Caravan Park, Solent Road, Cranmore, Isle of Wight, PO41 0XZ**