

**Mr John Atkins
Amery Court
Chapel lane
Blean
Canterbury
CT2 9HF**

OLD INN, KYLERHEA - BOOKING FORM

NAME

ADDRESS

.....

.....

POSTCODE

TEL (HOME).....

TEL (WORK).....

TEL (MOBILE).....

E-MAIL.....

PREFERRED CONTACT METHOD (please tick) e-mail post phone

DATES REQUIRED FROM TO

MAIN BUILDING (SLEEPS 6) Number of people staying

ANNEX (SLEEPS 7) ALSO REQUIRED NO YES No. Persons

Deposit sent (£150)

Balance due (6 weeks before arrival) £

Any special requirements.....

Any other comments or questions

.....

SIGNED BY

I have read and agree to abide

By the terms and conditions

Please return this form with your deposit cheque payable to **CE Murch Ltd** at the above address.
We look forward to welcoming you to the Old Inn.

For office use :Confirmation sent.....

Date booked:.....Balance received.....