

**Mrs Ank Carins
The Old Waverley
Main Street
Kyle of Lochalsh
Ross-shire
IV40 8AB**

BOOKING FORM

NAME

ADDRESS

.....

.....

POSTCODE

TEL (HOME).....

TEL (WORK).....

TEL (MOBILE).....

E-MAIL.....

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

DATES REQUIRED (Friday start) **FROM** **TO**

ACCOMMODATION (SLEEPS 4 plus 2) **Number of people staying**

Extra pull out bed needed

Deposit sent (£100)

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 Mrs Ank Carins at the above address.
We look forward to welcoming you to the Waverley.**

For office use :Confirmation sent

Date booked:Balance received