

BOOKING FORM

Customer:

Name:

Address:

Telephone: Mobile:

Email:

Details of booking:

Date of arrival:

Date of departure:

Please ensure the dates are available with us before booking any travel arrangements.

First Name	Surname	Age if U18	Special requirements

We would like to confirm the booking of apartment B26 Le Criou, Les Fermes de Samoens, Samoens - and enclose our £150.00 damage/breakage deposit. We understand that full payment is due 2 months in advance of £ _____ and that we will be refunded the damage/breakage deposit once the keys are returned and no breakages/extra cleaning costs etc. are reported by the in resort manager.

The apartment is only to be used by the names agreed above and must not be sub-let or used by anyone other than those agreed. Please ensure you have holiday insurance in place.

We try to make sure all equipment and furniture is kept in good repair but cannot accept responsibility for any injuries or accidents that may occur. No smoking or pets allowed in the apartment. This will incur a deduction from your deposit.

Signed: _____

Please send to: Steve Rushton

C/o SR Print Management, 29 Empire Industrial Park, Aldridge, Walsall, WS9 8UY
Email: steve@alpsapartment.co.uk Mobile: +44 (0)7870 656870