

Name _____
 Address _____

 Postcode _____
 Email _____
 Telephone number (day) _____
 Telephone number (evening) _____
 Mobile _____
 Please tell us where you heard about us _____

Names and ages at time of holiday of all people in party

Name	Age	Sex	Nationality
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Additional Requests: _____

Property:

Dates: from _____ to _____
 Extras: *Tick if applicable* *Not available at all properties*
 Linen
 Towels
 Highchair
 Stairgate

Payment Details

If less than 6 weeks prior to rental - FULL RENTAL DUE	£
Or: If more than 6 weeks 25% DEPOSIT of full rental value	£
Cautionary Deposit (see individual property)	£
Winter Heating Charge (if applicable)	£
Linen/Towel Charge (if applicable)	£
Highchair/Stairgate (if applicable)	£
Credit card surcharge (2% of any transaction)	£
TOTAL ENCLOSED	£

Please make cheques payable Whitstable Holiday Homes

Payment by Credit/debit card: Please fill in details below

Card No: _____
 Issue no: _____ Security Code: _____
 Start Date: _____ Exp Date: _____ Signature: _____

I agree to abide by the 'Booking Conditions' overleaf.

I am over 21 years old.

DATE: _____ **SIGNATURE:** _____

