

2010 SUMMER BOOKING RESERVATION FORM



Check www.oakhall.co.uk for details. Alternatively, please complete one copy per person of this form. Photocopy as required or print from our website.

First Name _____

Last Name *(both as per passport)* _____

Title D.O.B *(the lower age limit is 18 years except for families & those with guardians)* _____

Nationality: *(as shown on passport)* _____

Address: _____

Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Email: _____

Excursion package / bike hire

£ _____ *(see specific page for cost)*

Boarding point *(coach journeys only)*

London (£12 return)

Otford (£12 return)

Park at Oak Hall – Otford (£15)

EXPEDITION CHOICE

Dates: _____ Code: _____

All guests will be accommodated in standard shared rooms (with no supplement) unless otherwise requested. Please refer to the appropriate trip information for details of the sizes of rooms available, rooming options, and any payable room supplements.

FOR OFFICE USE ONLY

CODE NO: _____

REF NO: _____

DEP: _____

Many come on their own but if you are coming with others and would like to share a room with them, please indicate their name(s) below:

PAYMENT

I enclose my cheque for payment of the following *(please tick or highlight)*:

Deposit of (£50)

Room supplement £ _____ *(if applicable – to be paid with reservation to guarantee room type)*

or

Full amount – essential if booking within eight weeks of departure

For a link to a company offering travel insurance, click 'insurance' on our website www.oakhall.co.uk

Cheques should be made payable to Oak Hall. We will confirm your booking by post straight away and confirm details of any extra payments to be made. Payment is then due two calendar months before your departure. Within two months of the departure date all payments are non-refundable.

We are pleased you are coming with us. Please now read and sign the following:

I sign to agree that deposit payments are non-returnable and non-transferable should I cancel my booking. I agree to pay the final balance two calendar months before the holiday departs. I am in good health and will advise you of any disability, pre-existing medical condition or special dietary requests at this stage with an accompanying letter. I am a positive person and will be supportive of the Oak Hall team in all circumstances during the holiday.

Signed: _____

Date: _____