Valley Farm Booking Form

Ferry Road, Walberswick, Suffolk IP18 6TN Self Catering Accommodation for up to eleven.

Start Date:		Departure Da	ate:
(\	(Weekly bookings are Friday to Friday. Please arrive after 4:00pm and depart by 10:30am)		
Title:	First Name:	Surname:	
Address			
Postcode:		Telephone:	
Email:		Mobile:	
Please list	the names of all guests (inc	cluding the applicant) and ages if under	18
Guests mu	st please note:	Strictly No Smoking	Sorry no dogs or other pets
I confirm I a	am over 18 and I have read	, and agree to be bound by the Terms and	d Conditions.
Signature			
Please sen	d this completed Booking F		
Mrs Irene Bard, to 33 Platts Lane, London, NW3 7NN,			
or email this form to enquiries@valleyfarmwalberswick.co.uk .			
A Security I All being we Confirmation	Deposit of £300 to cover brell the Security Deposit will on of booking will be sent u	ent of the Booking Deposit, amount paya reakages will be payable when the baland be refunded to you in full shortly after yo pon receipt of completed Booking Form before the start of your holiday.	ce of the rent is paid. our stay.
How did you find out about Valley Farm?			