

## Whist Booking Form

Name						
Address						
			Posto	code		
Tel			Mobile			
Email						
Date	No in room	Room Type	Sea View (Yes/No)	Package Price INC Supplements	Total	
Learner or Refresher -						
PLEASE FILL IN THE FOLLO Please note requests are not SPECIAL DIETS: (Vegetarian ROOM REQUESTS: ie level w	ed but ca s please a	nnot be gu advise if yo	uaranteed. ou eat fish)			
I have read and understood t	he terms	and condi	tions of bookin	g		
Signed		Dated				
CANCELLATIONS: Cancellations made 7 days p Cancellations made with less night of accommodation and The Hotel reserves the right hotel cannot be held respons cancellation, you are recomme	than 7 d towards cocancel sible for c	ays' notice the host fe any holida ost of priva	e will be charge ees. y up to 4 week ate travel arran	d £100 per person, to co s in advance of the date, gements prior to this tim	ver the costs of t , due to low num	he first bers. The
METHOD OF PAYMENT: T of booking. Please fill in the r Please find enclosed a chequ	nethod w	hich is app	olicable:		-	at the time
Please debit £ fron DO NOT SCAN AND EMAIL						W:- PLEASE
Card Number:			3 Digit Sec	curity Code		
Issue Number (Switch only)		Start Date.		Expiry Date		
Name as it appears on the ca Once your card details have form	ard been enc	rypted on d	our system, you	ur card details will be des	stroyed from this	booking

Please return this form with your payment to Reservations, Marsham Court Hotel, 3 Russell Cotes Road, Bournemouth, BH1 3AB Tel – 01202 552111, Fax – 01202 294744, Email – reservations@marshamcourthotel.co.uk www.marshamcourthotel.co.uk