

# CHRISTMAS DAY BOOKING FORM

Please complete the details below and return to the Hotel alongside any due deposits to confirm your booking.

Booking Name: .....

Telephone Number: .....

E-Mail Address: .....

Number of Adults: .....

Number of Children: .....

Names and Ages of Children: .....

Deposit Amount Due: .....

Please note that dietary requirements should be advised on your menu pre-order form rather than here.

## Office Use Only:

Deposit Received **Y / N**                      Date:

Final Balance Payment Received **Y / N**                      Date:

Menu Pre Order Received **Y / N**

Confirmed Arrival Time: