Booking Form

Please complete this form and send to: BRYNCALLED BARNS HOLIDAY LETS, BUCKNELL, SHROPSHIRE, SY7 0BN					
If you have any questions, please contact us.					
Tel: 01547 530608	Email: info@bryncalledbarns.co.uk				
Provisional Booking Numb	er (Given by phone or when you booked)				
Name (block capitals please)					
Address (block capitals plea	ise)				
Postcode					
Telephone Number (Please	e include area code)				
Daytime					
Evening					
Email Address (block capita	als please)				
Name of Holiday Cottage (p	olease tick)				
Swallow Cottage Stable	End \square Groom Cottage \square The Granary \square				

Holiday Dates	
From (Date In)	To (Date Out)
Number in Party Adults Children (over 12ys) Children (2-11yrs) Infants (under 2 yrs)	
Extras requested (please tick)	
Cot Cot bedding and Towels High Chair	
How did you hear about us / please enter v	
Initial Deposit £ (30% of the total he	oliday cost) Full Payment £
Please make cheques payable to "Bryncalled	d Barns Holiday Lets" or by.
Bank Transfer: Please Use: Sort Code: 30-95	5-27 Account No: 00928460
Balance is due 6 weeks before commenceme	ent of holidays.
Full rent to be paid on bookings made less th	nan 6 weeks before start of holiday
Declaration	
I undertake to leave the property in a clean a conditions set out on the website (www.bryndage	
Signed	Date
Please note: Provisional bookings will be held form.	d for seven days for deposit and completed booking