

The Clover Court Hotel

BOOKING FORM

BEFORE COMPLETING PLEASE TELEPHONE TO CHECK AVAILABILITY

NAME:

ADDRESS:

COUNTY:

POSTCODE:

TELEPHONE NO: STD:..... NO:.....

ARRIVAL DATE:

DEPARTURE DATE:

PLEASE INDICATE THE FOLLOWING:

NUMBER IN PARTY

TYPE OF ROOM REQUIRED

(we will try our best to adhere to your wishes)

ADULTS	.....	SINGLE	.....
CHILDREN UNDER 3	.....	DOUBLE	.....
CHILDREN 3-10YRS	.....	TWIN	.....
CHILDREN 10 & OVER	.....	FAMILY	.....

COT REQUIRED: YES/NO CAR PARKING REQUIRED: YES/NO

EVENING MEALS: ADULTS: CHILDREN:

PLEASE INDICATE BELOW IF ANY SPECIAL DIETRY ARRANGEMENTS ARE
REQUIRED:

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.....

**** PLEASE NOTE A DEPOSIT OF £40 PER PERSON IS REQUIRED AT THE TIME
OF BOOKING**

**** THE BALANCE MUST BE PAID UPON ARRIVAL IN CASH - PLEASE NOTE
WE ONLY ACCEPT BUILDING SOCIETY CHEQUES UPON ARRIVAL**

**** PLEASE MAKE DEPOSIT CHEQUES PAYABLE TO CLOVER COURT HOTEL -
A CONFIRMATION WILL BE SENT UPON RECEIPT**



Please note in accordance with new Government Legislation
The Clover Court will be totally non-smoking
Guest Accommodation with effect from 1st July 2007