

Caravan Hire Booking Form

Full Name (Mr/Mrs/Miss)	Date of Birth / /												
Address	Home Tel												
CARAVAN REQUIREMENTS	Work Tel												
Model Type	Occupation												
No. of Children	No of Adults												
Date of Collection Saturday	Date of Return Friday												
Area /Countries to visited	Names of additional drivers												
Make & Model of Towcar	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EXTRAS</th> <th style="text-align: right;">Tick as required</th> </tr> </thead> <tbody> <tr> <td>Portable TV (Colour)</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Continental Pack</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Picnic Chairs</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Picnic Table</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Isabella Awning</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>	EXTRAS	Tick as required	Portable TV (Colour)	<input type="checkbox"/>	Continental Pack	<input type="checkbox"/>	Picnic Chairs	<input type="checkbox"/>	Picnic Table	<input type="checkbox"/>	Isabella Awning	<input type="checkbox"/>
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Picnic Table	<input type="checkbox"/>												
Isabella Awning	<input type="checkbox"/>												
Reg No.	Insurance Co.												
Brokers name & Tel No.													

I enclose my cheque for £100 made payable to
Swindon Caravan Centre
OR

Please charge the deposit of £100
and balance when due to my
Access/Visa/Switch/Master Card
/Debit Card account

Card expiry date

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Policy No. _____

Driving Licence No. _____

I have read and agree to your terms and conditions. I am over 25 years of age and in good health. Please reserve the caravan described above.

Signed _____ Date _____

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