



PARK HOTEL

Paignton, Devon, TQ4 6BQ.

Telephone : 01803 557856
 Fax : 01803 555626
 Guest Telephone : 01803 551532
 Website : www.parkhotel.me.uk
 Email Address : stay@parkhotel.me.uk

BOOKING FORM - PLEASE USE BLOCK CAPITALS

| | | |
|---------------------------|-----------------------------------------|--------|
| Date of arrival :- | Date of Departure :- | |
| Name :- | Names and ages of children under 16 yrs | |
| Address :- | Name :- | Age :- |
| | Name :- | Age :- |
| | Name :- | Age :- |
| Postcode :- | Name :- | Age :- |
| | | |
| Telephone Number :- | | |
| | | |
| Total Number of Adults :- | Total Number of Children :- | |

| | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <u>Accommodation Required</u> | <u>(Please circle your choice of room and whether it is En Suite or Standard Accommodation you require)</u> |
| Single Room :- | Standard Accommodation |
| Double Room :- | En Suite Accommodation |
| Twin Bed Room :- | |
| Family Room :- | Please state any additional requirements e.g:- Cot / High Chair |
| Half Board / Bed & Breakfast :- | |

Please enclose a deposit of £26 per adult, per week or part thereof ;
 £10 per young person (Under 16yrs) per week or part thereof ;
 Cancellation Insurance Premium £6 (inc. VAT) per person, per week or part thereof
 We strongly recommend insurance regardless of age or state of health when booking.

| | |
|---------------------------------------------------------|------------------------------------------------------|
| Please make Cheques payable to :- THE PARK HOTEL | |
| Amount of deposit enclosed :- | £ _____ |
| I hereby authorise you to deduct | £ _____ from my Credit Card as a deposit + insurance |
| My Card Number is :- _____ | Expiry Date :- _____ |
| Cardholders Signature :- _____ | |

| | |
|----------------------------------------------------------------------------------|---------------|
| I have read and accept the terms and conditions shown in the brochure and tariff | |
| Signature :- _____ | Date :- _____ |

| | | |
|-----------------------------------|-----------------------|-----------------------|
| <u>FOR OFFICE USE ONLY</u> | | |
| Room No :- _____ | Rate £ _____ | Total Cost :- _____ |
| Account No :- _____ | Type of Room :- _____ | Less Deposit :- _____ |
| | | Balance Due :- _____ |