

MINE HEAD CARAVAN REQUEST FORM



PLEASE COMPLETE THE FOLLOWING.

HOLIDAY DATE REQUESTED. FROM TO.

DATE OF REQUEST.

NUMBER OF NIGHTS.

TOTAL NUMBER IN PARTY.

ADULTS.

CHILDREN.

ALL USERS OF THE CARAVAN ENTER INTO AN AGREEMENT WHEREBY THEY MUST ENSURE THAT.

- ✓ **THE CARAVAN IS LEFT IN A CLEAN CONDITION**
- ✓ **ALL BREAKAGES MUST BE PAID FOR AND REPLACED.**

Please forward with deposit to.

**John Irwin
The Elms
Cheltenham rd
Beckford
Tewkesbury
Glos
GL20 7AL**

Cheques payable to. Inclusion care ltd

SIGNED.

AUTHORISED AND BOOKED. (DIRECTOR)

DATE.

