



Sitio da Almiranta - Patarinho  
 CP 1798-C  
 8800-602 Tavira  
 Algarve  
 Portugal  
 Company Registration No: 508050626

**Booking Form**

Contact Name: Postal Address:				Post code:	
Phone Number(s): Fax No.		Email:			
Total Numbers in your Party: _____ All names (please state ages of children)					
<b>Booking:</b> Apartment(s) Required: _____ Start date: _____ End date: _____ Total number of Nights: _____					
<b>Travel Information</b>					
Arrival:Airport:		Flight no:		Date:	
				Time:	
Departure:Airport		Flight no:		Date:	
				Time:	
<b>Special Request:</b> Baby cot, high chair etc.					
<b>Booking and Payment</b>					
Total cost of Accommodation (refer to cost schedule) _____					
Non-refundable Deposit of 30% (payable 10 weeks in advance) _____					
Balance remaining of 70% ( payable 6 weeks prior to arrival) _____					
<i>NB. If the booking is made less that 10 weeks in advance of arrival, the total amount is payable.</i>					
<b>I understand and accept the <u>Terms &amp; Conditions</u> of the Booking</b>					
Name:		Signature:		Date:	

*Thank you for booking your holiday with us.*