BOOKING FORM

(Please use block capitals)



Full name :											
Address :											
Home Phone :											
Day phone :						Email:					
Booking period required :						From :	From: To:				
Number of weeks :						Number of ch	Number of children :				
Number of adults :						Age of children :					
Reservation number :						(*) Extra pers	on € 13 p.p.r	o.d. :			
Please, fill the board	bellow:										
Property required :	GITE 1	GITE 2	GITE 3	GITE 4	GITE 5	GITE 6	GITE 7	GITE 8	GITE 9	B&B	
(put a cross)											
I am authorized to ma Total amount of the re I agree to pay a non-re I agree to pay the bala I agree to leave a € 20 If the full payment is not Please make a depo	ent € efundable depos ance of € O refundable se received by the c	six weeks befo curity deposit l due-date, we ma	(being 30% of the ore the start of th oy arrival. y retain the deposi	e total rental co e holiday. t and the balanc	ost) winthin te e will be remain	due and payable	·		property		
RIB 20041 01001 20			•								
I also agree to pay tou											
"Takeaway meal" the		•			wine) €15/Adu	ult - €10/Child Sheets rent : Yes No					
NOTE : It is advisable	<u> </u>	•		-	, ,	•	<u> </u>			!	
"Read and approved b			•	•	Date :						
Please, send us back t	his completed f	form by e-mail		The payment o	f the deposit	will validate you	ur reservation	!			
Please, email info@le	e-vignal.com o	r telephone (0	0 33) (0)6950840	18 for availabil	ity or any furt	her information.					