



Apartado 1005
Praia do Carvoeiro
8401-908, Lagoa
Algarve, Portugal
Tel: +351 282 357 256
Email: info@algarvillas.net

BOOKING FORM

Mr/Mrs Mstr/Miss	Initial	Surname	D.O.B if under 16 on date of departure	ALL CORRESPONDANCE TO: MR/MRS/MS	
				Address	
				Home Telephone	
				Mobile Telephone	
				Email Address	
ACCOMMODATION BOOKED			Arrival Date	Flight Nº	Arrival Time
			Departure Date	Flight Nº	Departure Time

PERSONAL DATA

Lead Name		Passport Number	
Nationality		Expiry Date	
Place of Birth		Country of Issue	
Date of Birth		Country of Residency	

EXTRAS REQUIRED - Payable prior to departure (if required)

I require the following: Cot @ €10 (EUR) per week <input type="checkbox"/> Highchair @ €10 (EUR) per week <input type="checkbox"/> Pool Heating (if applicable) <input type="checkbox"/>	
Any other requests	

PAYMENTS

Total Rental Cost Agreed	
Accommodation Deposit of 25%	
TOTAL ENCLOSED	
I accept on behalf of myself and all members of my party listed above, the booking conditions. I am over 18 years of age Signed: _____ Date: _____	

HOW DID YOU HEAR OF US

Recommendation by: _____	Previous client in (year): _____
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