



**BOOKING FORM FOR LAVENDER COTTAGE**

Please note we have a **NO SMOKING** policy

NAME: .....

ADDRESS: .....

.....

POST CODE: .....

HOME TEL NO: .....

MOBILE NO: .....

**DATE COTTAGE REQUIRED**

From ..... To .....

PLEASE TICK WHICH BEDROOM/BEDROOMS REQUIRED:

Double\* ..... Twin\* ..... Bunk\* .....

Cot\* ..... Highchair\* .....

\*Please tick where required.

Please enter the Name of each member of your party.

1 .....

2 .....

3 .....

4 .....

5 .....

6 .....

No of Adults .....No of children .....

**PLEASE MAKE CHEQUE PAYABLE TO: MRS M CHAPMAN and send to:**

**Hawks Nest  
11 Relistian Lane,  
Gwinear,  
Hayle,  
Cornwall TR27 5HE**

MOBILE TEL: 0774 986 7732  
Email: terry.margaret@tiscali.co.uk