

bahama bay resort orlando, florida

Reservation Form 2bed/2bath Apartment

YOUR DETAILS:

Your Name			
Your Full Contact Address including Post Code and Country		
Contact Telephone Numbers	Day		
	Evening		
E-Mail Address			

YOUR RESERVATION:

Date From (dd/mm/yyyy)	Date To (dd/mm/yyyy)	Number of Nights

PERSONS OCCUPYING THE APARTMENT(Including Person above):

Title	Full Name	Age (if under 21)

I/We agree to pay the full cost of any breakages, losses or damages to the property (the Resort management company will be arbitrators in such a situation).
 I/We agree to take good care of the property and leave it in a clean and tidy condition when I/we depart.
 I/We agree to report any loss or damage immediately when discovered to the Resort management company.
 Cheques should be made payable to Malcolm Johnson.

TOTAL COST (£/\$)	DEPOSIT: 20% OF TOTAL COST DUE AT TIME OF RESERVATION (£/\$)	BALANCE DUE 4 WEEKS PRIOR TO ARRIVAL (£/\$)

Signed		Date (dd/mm/yyyy)	
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Please complete and return to: Malcolm Johnson
 The Bee Garden - St. Georges Lane - Hurstpierpoint - West Sussex - BN6 9QX - England
 Telephone: 01273 833443 - Fax: 08704 321216
www.bahamabay-florida.co.uk