BOOKING FORM TRIPLEDECK-CORNWALL.COM

Name	•••••		
Address			
	•••••		
Telephone Number (mobile is useful (if you have are in Cornwall)			
Email			•••••
I would like to reserve Tripled	leck for () week(s) w	ith effect from	
Saturday () and intend to leave o	on ().
I enclose a deposit of £	(25%) of total tariff	and agree to pay the balance	ce at
least one month before we are due to visit the cottage. The balance can be forwarded			
to the address given below by	cheque.		
Please send this form with dep	posit to:		
Margaret Larson			
Hewaswater House			
Hewaswater			
ST AUSTELL			
Cornwall			
PL26 7JF			

Please make cheques payable to M Larson

ENJOY YOUR HOLIDAY!