First Choice
Caravan Type ……………………
From …………………………
To …………………………
Number of Nights ………………

Second Choice
Caravan Type ……………………
From …………………………
To …………………………
Number of Nights ………………

Please be sure to include everyone in your party including babies

Name ………………………………………………………….. PLEASE COMPLETE IN BLOCK CAPITALS
Address ……………………………………………………………………………………………
………………………………………………………………………………..Post code ………………………
Telephone ………………………………….. Email ……………………………………………………

Title	Initial	Surname	Age	Address

Travel Cot? YES/NO 'Tomy' Cot side? YES/NO Number of linen packs required @ £7.50 each
Highchair? YES/NO (all £5.00 each subject to availability) (Double) ………….(Single)…………..

Ferry details **Red Funnel** Southampton to East Cowes **Wight*link*** Portsmouth to Fishbourne **Wight*link*** Lymington to Yarmouth

Name of Car Driver (Including Initials) …………………………………………… *Registration* ……………………………

No. of Adults…………………………………… *Children (Under 16)* ……………………………… *Infants (Under5)*……………………………………

Requested time of crossing ……………………………………………………… *Return* ……………………………………………
We will endeavour to make a booking as close to your requested time as possible.
Please tell us where you saw our advert ……………………………………………………… *Signature X* ………………………………………………
I / we Accept the terms and conditions

Booking Form

First Choice

Caravan Type ……

From ……

To ……

Number of Nights ……

Second Choice

Caravan Type ……

From ……

To ……

Number of Nights ……

Please make cheques payable to:
Fort Holiday Park

Accommodation charge £……

Optional ferry price £……

Linen packs @ £7.50 Each £……

Cot,Side, or High @ £5 Each £……

Total Cost £……

25% Deposit enclosed £……

Balance Payable £……

☐ ☐ ☐ ☐

Valid from		*Expires end*		*Issue No* CVS Code	
Card holder's Name					
Card holder's Signature					

Office use only

Booking……

Name ……

Ferry ……

Times ……

Linen ……

Cot Cot-side Highchair

Safe ……

Deposit .....Cash CC Cheque

……

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