

**La Grange**  
**BOOKING FORM**

PLEASE USE BLOCK CAPITALS  
Please return to: info@lagrangedordogne.com

**Full Name:**

**Address:**

**Home Tel:**

**Mobile Tel:**

**Email:**

**No of weeks required:**

**Arrival date:**

**Departure date:**

**Number of Adults:**

**No of Children:**

**Names of other party members - please give ages of children**

I am authorised to make this booking on behalf of my party. I am over 18 years of age.

I have transferred a non-refundable deposit of £ .00 being 25% of the total holiday cost. I agree to pay the balance of £ .00 (including the returnable damage deposit of £200) by, 6 weeks before the start of the holiday. If booking within 6 weeks of the holiday start date the full amount including the deposit should be transferred. Please make payments by bank transfer to the following bank account:

Bank: Lloyds TSB Sort code: 30 99 98 Acct no: 46005068

**Note: It is advisable to arrange insurance against cancellation of your holiday.**

**Signature:**

**Date:**