

# RESERVATION FORM



Lead name (inc. title)

Correspondence Address

Postcode

Telephone nos.

Email

Arrival date  /  /20 Number of nights

Room 1 (tick one ) Single occ  Double  Twin  Family  Superior Double  Superior Twin

Names of persons occupying the room  Half Board / B&B   
 Please delete one

Room 2 (tick one ) Single occ  Double  Twin  Family  Superior Double  Superior Twin

Names of persons occupying the room  Half Board / B&B   
 Please delete one

Room 3 (tick one ) Single occ  Double  Twin  Family  Superior Double  Superior Twin

Names of persons occupying the room  Half Board / B&B   
 Please delete one

Special Requirements  Subject to availability Requested Ferry Crossing & times  Subject to availability

### TERMS & CONDITIONS:

**Deposit:** £40 per person - required at time of reservation. Where credit/debit card details cannot be provided, a deposit must be sent by post within 5 days. This reservation form MUST be completed for ALL reservations involving credit/debit cards in order to prevent card fraud. For the avoidance of doubt, no contract exists until the hotel has received the appropriate deposit.

**Balance:** Where the balance payment is to be made in cash or by cheque, this must be paid upon arrival. Payment by cheque must be supported by valid cheque guarantee card.

**Card payments:** All advance reservations secured by credit/debit card will not be guaranteed until this

reservation form has been signed and returned to the hotel either by fax or post. An Authorisation sufficient to cover the expected amount for the stay will be taken upon arrival and completed upon departure.

**Check In:** From 3pm on day of arrival. Rooms will be held until 6pm unless late arrival is notified in advance. Late arrivals must be secured by credit/debit card or paid in full in advance.

**Check Out:** by 10.30am on day of departure.

**Cancellation:** More than 48 hours notice loss of deposit. Less than 48 hours notice - full amount. ALL "No Shows" will be charged in full. Please consider adequate insurance cover.

Payment by cheque £  Amount enclosed Please make cheques payable to "The Fernbank Hotel"

or Payment by debit or credit card £  Amount to be debited Type of card: Visa  Mastercard  Maestro  Delta

Card number  Expiry  Start

Name of cardholder  Signature of cardholder

Address of cardholder  Final three numbers on signature strip

**DECLARATION.** I am paying with this Reservation Form the appropriate Deposit I certify on behalf of the person(s) named in this booking, that I am authorised to make this booking on their behalf and agree to the hotel's Terms and Conditions. I have checked all the information provided on this Reservation Form and confirm that it is correct in all details. I am over 18 years of age.

Signature

Date  /  /20

The Fernbank Hotel