



MANOIR DE KERCADIC

BOOKING FORM

Title _____ First Name(s) _____ Surname _____

Address for correspondence _____

Telephone (incl STD code) _____ E-mail _____

- Number of people in your party: Adults _____ Children _____ aged _____
- Holiday dates: Arrival on _____ (Before 12 noon/after 5.30 pm/evening)
Departure on _____ Number of nights: _____
- Please tell us where you heard of us _____
- Special diets, allergies etc: _____
- Ground floor apartment (only one available, for 2 people in twin beds)
Essential Preferable Not applicable
- Extra Z-bed ▪ Cot ▪ Stair gate

Deposit: Please check our website for the relevant rate and make your cheque payable to “Kercadic”

I/We enclose my/our deposit of: (amount) _____

Or full payment of (amount) _____ enclosed

Or Please debit my credit card with the amount indicated above

MASTERCARD VISA

Card Number

Expiry date Security Code

Name of cardholder _____

The receipt by us of this payment is taken as an indication that you accept the prices and terms outlined on our website.

Signed: _____ Date: _____