

adventure & excitement - rest & relaxation

## Family & Individual Booking Form

NAME:		AGE:
NAME:		AUE:
HOME ADDRESS:		
	Postcode	
TELEPHONE NUMBER: AREA CODE	EMAIL:	
Names of all those coming w	ith you with ages of those under 18	
NAME:		AGE:
Dates accommodation require	ed	
ARRIVAL DATE: DD MM YYYY	Guests are well	come from <b>4.00pn</b>
AKKIVAL DAIL:	DEPARTURE DATE: Onwards on da	y of arrival
Type of accommodation requ	ired/preferred (please include the names of those for whom	the room is require
SINGLE ROOM FOR:		
STANDARD TWIN ROOM FOR:		
TWIN EN-SUITE FOR:		

continued overleaf





































Dietary needs		
NUMBER OF VEGETARIANS:	NAMES OF VEGETARIANS:	
Please put a (Y) or (N) after their r	ames to indicate if they eat fish	
DIETARY REQUIREMENTS AND DETAI	S OF SPECIALIST DIETS (FOR MEDICAL REASONS, AL	LERGIES ETC.) PLEASE INCLUDE NAMES.
Additional needs PLEAS	E MENTION ANY DISABILITIES OR MEDICAL CONDITION	ONS THAT IT MAY BE HELPFUL FOR US TO KNOW ABOUT:
Bedding		
All bedding, including duvets, i	s provided in each room. All rooms are provi	ided with extra blankets, pillows and pillowcases.
Cots and high chairs		
PLEASE INDICATE NUMBER OF THESE	REQUIRED (IF ANY): COT HIGH CHA	AIR
	REQUIRED (IF ANY): COT HIGH CHA	AIR
Deposit		
<b>Deposit</b> In order to confirm this booking		I understand is not refundable in case of
<b>Deposit</b> In order to confirm this bookin cancellation. A deposit of £50	g I enclose a deposit of £ which	I understand is not refundable in case of and £25 for visits of 3 nights or less.
<b>Deposit</b> In order to confirm this bookin cancellation. A deposit of £50	g I enclose a deposit of £ which per place booked is required for full weeks able to Min-y-Don). The balance of fees is p	I understand is not refundable in case of and £25 for visits of 3 nights or less.
<b>Deposit</b> In order to confirm this bookin cancellation. A deposit of £50 (Cheques should be made pay	g I enclose a deposit of £ which per place booked is required for full weeks able to Min-y-Don). The balance of fees is p	I understand is not refundable in case of and £25 for visits of 3 nights or less. Dayable on arrival at the Centre.
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Deposit  In order to confirm this bookin cancellation. A deposit of £50 (Cheques should be made pay SIGNED:  DATE: DD MM YYYY  Please state how you would	g I enclose a deposit of £ which per place booked is required for full weeks able to Min-y-Don). The balance of fees is p SIGNATURE OF	I understand is not refundable in case of and £25 for visits of 3 nights or less. Dayable on arrival at the Centre.  F PARENT OR GUARDIAN: (if under 18)

PLEASE NOTE: When you book your holiday accommodation you are entering into a legally binding contract. If you cancel the booking unilaterally you will certainly have to pay compensation for any loss resulting from the cancellation and may be liable for the full balance of fees. (Please examine carefully our terms & conditions on the Tariff Sheet for your holiday). Unavoidable circumstances may prevent you from taking your holiday as planned or cause you to curtail it. We suggest therefore that you take out some form of holiday insurance. Proposal forms will be sent to you with confirmation of booking.

IMAGES: In signing this booking form you agree that Min-y-Don may use photographic and video images of our guests for publicity purposes. We have a policy to ensure that images are always used appropriately and confidentially. No names are used with pictures or film. Please inform us if you wish to see our 'use of images' policy prior to your stay or if you do not wish for any images of your family or group to be used in publicising our holidays.

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