

## 41 Clowbridge Drive, Loughborough, LE11 4SU Office: 07771-800521 Boat: 07798-853939

## **Booking Form**

Please reserve me:		0
☐ Cabin 1 (single - adjacent b	asthroom)	
☐ Cabin 2 (single - en-suite)	aum oom)	
_		
☐ Cabin 3 (twin - en-suite)		
for cruise number(s)	, starting at	,and finishing at
Start date:	End date:	
I enclose a deposit of start of my holiday. (Cheques		per cruise) and note that the balance will be due 6 weeks before the sic Waterway Holidays.)
Name:		
Address:		
Phone number:		
Names of other people covered	l by this booking:	
Please give details of any dieta	ry requirements or strong	food dislikes.
Please mention any medical co		
Please tell us where you heard	about our holidays.	
		ll name) confirm that I am authorised by all members of my party to
		that we agree to be bound by the booking conditions overleaf.
Signed	Dai	re
- 6 ·		

Telephone reservations will be held for 10 days pending receipt of your completed booking form and deposit.