

OLD MILL BOOKING FORM

Telephone: 01983 872507

On line booking form available at; www.oldmill.co.uk

All reservations must be confirmed within 7 days

Total	Office use.	Cust No.
Dep	Pd	Type
Bal	Pd	Type
Ferry booked	Rec	Sent

FROM 14.00 on: _____ (day) _____ (date) PLEASE RESERVE UNIT NUMBER _____

TO 10.00 on: _____ (day) _____ (date)

No of nights: _____ ESTIMATED ARRIVAL TIME AT THE PARK _____

NAME _____ Have you stayed at The Old Mill before? yes no

ADDRESS _____

POST CODE _____ E-MAIL ADDRESS _____

Tel. Mobile _____ (Needed for ferry booking) Tel. Home _____

Mr / Mrs / Miss	Initials	Surname	adult	child	Mr / Mrs / Miss	Initials	Surname	adult	child
1;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	6;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	7;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4;	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tick If bringing a registered pet 1 <input type="checkbox"/> 2 <input type="checkbox"/>				

Special requests _____

Please tick if you do not want to receive news & special offers

WILL YOU BE TRAVELLING BY CAR? yes / no; Make _____ Model _____ Registration _____

WILL YOU BE BRINGING A 2ND CAR? yes / no; Make _____ Model _____ Registration _____

CAR FERRY required? yes / no Drivers name; _____ is vehicle over 2 m high? No : if yes how high? _____

Ferry Route			Outward Journey			Return Journey			Numbers Travelling	
Portsmouth	Lymington	Southampton	Date	Time	earlier/ * later	Date	Time	earlier/ * later	Adults 16+	Children
Fishbourne	Yarmouth	E Cowes								
Car 1;	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
Car 2;	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

Disabled space required? Or lift? _____ Bookings for vans or trailers please ring Old Mill Holiday Park.

* Mark E for first available time before or L for first available time after in case time requested is unavailable

Ref. _____

My party and I agree to abide by the conditions of booking and accept the Company's privacy policy. (See website).

Signature _____ Date _____

PAYMENT enclosed £ _____ as 25% deposit or full payment including compulsory cancellation plan;

I have enclosed a cheque please debit my debit / credit card

card no. _____ expiry date ____ / ____ security no _____

If cardholders address differs from above please give details; House number _____ Post Code _____