

BOOKING FORM

NAME:

ADDRESS:

PO ADDRESS:

E-MAIL:

TEL & CELL NOS:

DATES:

FIRST NIGHT : LAST NIGHT:

NUMBER IN YOUR PARTY:

Kindly complete this form and return with proof of payment

TERMS AND CONDITIONS:

- Your deposit confirms your reservation and will be acknowledged
- Payment in full on or before arrival. Cash or EFT direct deposits only
- Cancellation refunds discretionary
- Check-ins after 14h00 & check-outs by 11h00
- No responsibility accepted for personal injury or loss
- Breakfasts by prior arrangement before arrival - at addition cost of R50pp.

SIGNATURE: DATE:.....