



Apartment	Alhaurin Golf		
Date required	From	To	
Name of Hirer			
Address			
	Town		
	Post Code		
Contact			
	Day Phone		
	Mobile phone		
	Home Phone		
	E Mail		

Please list all persons staying in the apartment including the Hirer, 5 maximum.
Also please include dates of birth of all children under 16 years of age

#1		
#2		
#3		
#4		
#5		

Declaration by Hirer

I	on behalf of all the above named persons agree to the terms and conditions of the booking
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I enclose cheque made payable to V SPREADBURY. This being the deposit due	£
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I confirm that the total balance and security deposit will be paid no later than 8 weeks prior to the proposed date of arrival in Spain	£
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I am over 21 years of age	For and on behalf of all persons named above
Signature	
Print	
Date	

Once completed please retain a copy and send the original with your cheque to:
MRS V SPREADBURY - 11, CROISDALE CLOSE, HIGHTOWN, LIVERSEDGE WF15 6PT

Note: Current Terms and condition can be found on our web site. Fax / answer phone +44 (0) 1924 510345