



## BOOKING FORM

Please complete in block capitals and return with your remittance to:  
**Cambrian Cruisers, Ty Newydd, Pencelli, Brecon, LD3 7LJ,**  
 Tel/Fax: (01874) 665315

**Please reserve:**

<b>Boat Name</b>
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<b>No of Weeks/nights</b>	<b>Holiday Commencing</b>
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<b>Applicant</b>
Name .....
Address .....
Post Code .....
Tel No.....
email address .....

<b>Other Party Members</b>			
Title	Name	Age (✓)	
		<13	13-21
(1) .....			>21
(2) .....			
(3) .....			
(4) .....			
(5) .....			
<b>Pets.</b> If you are bringing a pet please indicate type.			

<b>Bedding</b>	
Bed linen is provided, but if you intend to bring your own please tick <input type="checkbox"/>	
Please indicate bedding required:-	
<input type="checkbox"/> Doubles	<input type="checkbox"/> Singles
<b>Buoyancy Aids</b>	
We require buoyancy aids for	
<input type="checkbox"/> Adults	<input type="checkbox"/> Children age .....
(No extra charge for buoyancy aids)	

<b>PAYMENT DETAILS</b>	
I enclose my remittance for:-	£   p
Booking Deposit ..... (20% of Tariff)	

Card Name .....	<b>Please charge my credit/debit card for the total shown above and charge the balance 4 weeks before my holiday</b>		
Card no.	Switch issue no. <input type="checkbox"/>	Start Date <input type="text"/>	Expiry Date <input type="text"/>
Signature .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>The last 3 digits on the back of the signature strip.</small>		
<b>Please make cheques payable to "Cambrian Cruisers"</b>			
<b>No surcharge for credit card payments</b>			

**DECLARATION**  
 I am over 21 years of age and agree to abide by the conditions of hire issued by Cambrian Cruisers. A charge may be made if the boat is returned late and/or in a dirty condition or has suffered any damage due to negligent, irresponsible or wilful acts.

Signed .....

Date .....

It would be helpful to us if you would indicate how you heard about Cambrian Cruisers.
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Please give brief details of canal boating experience.
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