

# OLD PARK HOTEL RESERVATION FORM

**Please Return this Form To:**

**Old Park Hotel, St Lawrence, Ventnor, Isle of Wight, PO38 1XS**

Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Day and Date of Arrival: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Day and Date of Departure: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ACCOMMODATION

<u>Please Select or Identify Room Required or Allocated</u>			
The Spindler Family Suite <input type="checkbox"/>	The Self Catering Cottage <input type="checkbox"/>		
West Wing Family Suite + Children's Room <input type="checkbox"/>	East Wing Family Suite + Children's Room <input type="checkbox"/>		
Family Room <input type="checkbox"/>	Double Room <input type="checkbox"/>	Twin Room <input type="checkbox"/>	Single Room <input type="checkbox"/>
East Wing Ground Floor Room <input type="checkbox"/>			

## FAMILY MEMBERS

<u>Please Answer All Questions</u>	
Number of Adults/Children: _____ / _____	Ages of Children on Vacation Date: __, __, __, __
Cot Required: <input type="checkbox"/>	Single Beds - Not Bunk Beds for Children * <input type="checkbox"/>
Number Of Adult Vegetarians: _____	
High Chair Required: <input type="checkbox"/>	Booster Seat Required: <input type="checkbox"/>
4:45-5:45pm Children's Dinner required: ** <input type="checkbox"/>	Dinner with Parents: ** <input type="checkbox"/>

**\*\* You must state which meals your children will be having, as there is an extra charge for children eating the adult dinner.**

## WIGHT LINK FERRY BOOKING

	Date	Time	Alternative Crossing Time	
			Earlier	Later
Portsmouth to Fishbourne				
Fishbourne to Portsmouth				
Lymington to Yarmouth				
Yarmouth to Lymington				
4:45-5:45pm Children's Dinner required: **				

**A deposit of £15 per adult per night is required at time of booking.** Please enclose a cheque or return your credit card details. *The balance will be due four weeks prior to the start of your holiday.* Please tick the box below if you would like us to use the same card for this balance. You will not have to contact us and will receive confirmation of your booking at this time.

Credit Card Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Security Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Debit Issue Date: \_\_\_\_ / \_\_\_\_ Debit Issue Number: \_\_\_\_\_

Auto Deduct Balance:  I have read and agree to the terms and conditions: \_\_\_\_\_

We may use your email address to contact you regarding special offers and booking information..

Please tick this box if you do not wish to receive this information.

We will not pass any of your personal details to any third party