

BOOKING FORM

Parkers Farm Holiday Park

Higher Mead Farm, Ashburton, South Devon. TQ13 7LJ
 Telephone: +44 (0)1364 654869 Fax: +44 (0)1364 654004
 E-mail: parkersfarm@btconnect.com
 Web: www.parkersfarmholidays.co.uk

Static Caravan Booking

(please tick requirements)

- SUPREME 40' x 13'
- Deluxe New 2019 3 Bed
- Deluxe 2018 3 Bed
- Deluxe 2018 2 Bed
- Deluxe 2016/2017
- Deluxe 2013
- Holiday Caravan Type "C"
- Holiday Caravan Type "E"
- Holiday Caravan Type "F"
- Dogs £20.00 (per week)
- Cot Highchair £5.00 each (per week)

Touring/Camping Booking

(please tick requirements)

- Super Pitch
- Twin Axle Caravan (standard pitch)
- Caravan/Motorhome (standard pitch)
- Tent/Trailer Tent (standard pitch)
- Basic Pitch ("H" Field - Tents Only)
- Awning/Gazebo
- Extra Adults
- Children 3 - 15 Years
- Pup Tent
- Dog
- Additional Cars

Number of Nights Staying

Arrival Date _____
 Departure Date _____
 Name _____
 Address _____

 Postcode _____

Total Number of People in Party _____
 Email _____
 Telephone Number _____
 Car Registration(s) _____
 Have you Visited Parkers Farm Before Yes/No
 Were You Introduced by Recommendation Yes/No
 Which Magazine Did You See Us In _____

Details of Party

Mr. Mrs. Miss. Ms.	Name	Age <small>Under 18 only</small>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

Payment Details

Cancellation insurance enc. £10.00 per week
(must be paid with Deposit if required) £ _____

Caravan deposit enc. £70.00 per week £ _____

Touring deposit enc. £50.00 per week £ _____

Balance (to be paid on arrival) £ _____

Cheques payable to C. Parker Total £ _____

I UNDERTAKE TO PAY HALF THE BALANCE NOT LATER THAN 6 WEEKS BEFORE THE COMMENCEMENT OF THE HOLIDAY AND THE FINAL BALANCE ON ARRIVAL
 STATIC CARAVANS ONLY. TOURING PITCHES PAY DEPOSIT ONLY. CANCELLATION INSURANCE MUST BE PAID WITH DEPOSIT. I DECLARE THAT I HAVE READ AND
 ACCEPT THE CONDITIONS OF BOOKING ON BEHALF OF ALL THOSE LISTED ABOVE.

Signature: _____ Date: _____

Please make cheques payable to C. PARKER, or use Credit / Debit Card: _____

Cardholders Name: _____

Card Number: _____ Valid From: _____ Expiry Date: _____

Security Number (last 3 digits on reverse of card): _____ Issue Number: _____

Please tick card type. Visa Mastercard Delta Solo Switch

PLEASE ENCLOSE A SELF ADDRESSED ENVELOPE IF YOU REQUIRE A RECEIPT