UNITED FAITH MISSION
220 Station Road
Crayford
Kent
DA1 3QQ

Tel. 01322 476152 (pm pse)
email <ufmc@mac.com>

VILLA AMANTI BOOKING FORM

Name_____

Address_____

_____Postcode_____

TELEPHONE (DAY)_____(EVENING)_____

DATE OF ARRIVAL_____DEPARTURE_____

NUMBER OF NIGHTS_____PRICE_____

Full Name	**Age (if under 16)**	**Full Name**	**Age (if under 16)**
1.----------		**5.----------**	
2.----------		**6.----------**	
3.----------		**7.----------**	
4.----------		**8.----------**	

Remittances – A deposit £100 per week.

Please make cheques payable to "UNITED FAITH MISSION"

1) Attached please find deposit £ ----------

2) Balance due 8 weeks before departure £ ----------

Total £ ----------

3) Please note that we will require a separate cheque for £200 with your final balance. This is to cover the possibility of any breakages and damages. This cheque, under normal circumstances, will be returned to you after you arrive home.

I agree to pay the balance 8 weeks prior to departure. I accept the conditions as stated on behalf of myself and all members of my party. I am over 18 years of age.

Signed_____**Date**_____