

BOOKING FORM

Please print clearly. Please note that the booking should be made in the name of the Party Leader, the person legally responsible for all aspects relating to this booking and to whom all correspondence will be sent.

NAME: (Mr/Mrs/Miss/Ms)	
ADDRESS:	
CONTACT TEL :	E-MAIL:

NUMBER OF PEOPLE IN PARTY:			
NAME	AGE (if under 18)	AGE (if under 18)	AGE (if under 18)
2)		7)	
3)		8)	
4)		9)	
5)		10)	
6)		11)	

ARRIVAL DATE (4:00 PM)	DEPARTURE DATE (12:00 PM)		
		RATE PER NIGHT	PRICE
NUMBER OF WEEK NIGHTS	#	\$	\$
NUMBER OF WEEKEND NIGHTS	#	\$	\$
NUMBER OF HOLIDAY NIGHTS	#	\$	\$
	TAX (5.5%)		\$
	CLEANING FEE		\$ 69
	SECURITY DAMAGE DEPOSIT		\$ 500
	TOTAL COST		\$
	50% TO RESERVE CONDO		\$
	BALANCE DUE WITHIN 10 DAYS OF ARRIVAL DATE		\$

I hereby confirm that I am over 18 years of age, that I have read and agreed to the Terms & Conditions and agree to pay the balance 10 Days prior to arrival.

SIGNATURE:

DATE:

Note: For bookings within 10 Days prior to arrival, the full amount is payable immediately.

SEND BOOKING FORM TO:

- Fax: **623-321-1512**
- E-Mail: contrerasivan@aol.com
- Mail: **Po Box 2110 Litchfield Park AZ 85340**