

Rented Accommodation Booking Request Form

Please fill in all the sections of the form

OPTION N°

SURNAME / First name : _____ Profession : _____

Address : _____

Postcode / Town or City : _____ COUNTRY : _____

☎ Home telephone number _____ ☎ Daytime telephone number _____ e-mail _____

CHOICE OF SERVICES

1 RENTED ACCOMMODATION

Type of accommodation : _____ (e.g. Bengali, Kiwi, Pagan...)

Requested accommodation type : _____ (e.g. sleeps 4, with shower room...)

Indicate the chosen category as it appears in the price list.

2 EXTRAS : Pet (indicate its category) : _____ 2nd tent 2nd vehicle

3 LOCATION

(Please list your choices in order of preference)

A : _____

B : _____

C : _____

4 DATE OF STAY

(Please list your choices in order of preference)

A : _____

B : _____

C : _____

YOUR PARTY'S DETAILS (COMPULSORY INFORMATION)

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

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PRICING YOUR BOOKING

CALCULATION*

A/ BOOKING DEPOSIT

Price of your holiday = _____

25 % Deposit = _____

Booking fees = _____

2-4 nights 15 €

5 nights and more 25 €

Cancellation insurance = _____

Total of booking payment = _____

(deposit+booking fees+insurance)

B/ FULL PAYMENT

Price of your holiday = _____

Booking fees = _____

2-4 nights 15 €

5 nights and more 25 €

Cancellation insurance = _____

Total of booking payment = _____

I confirm that I have read, understood and hereby accept your sales and booking terms and conditions.

Signed in _____ on _____ / _____ / _____
(Please indicate home town/city) SIGNATURE

N.B. Cancellation Insurance

€ 2.80 / night for 1 – 6 nights

€ 17.50 for 7 nights then € 2.50/ extra night from the 8th night

METHODS OF PAYMENT

cheque (drawn on a Euro account) Or French holiday cheques "chèques vacances"

postal order

Bank card N° _____

Expiry date: ____ / ____ Cryptogram _____

Enter the last 3 figures that appear on the back of your card in the signature zone

Amount to be debited _____ signature

I hereby authorise the direct debit of the outstanding balance 30 days before the start of my holiday. signature

yes no

*For certain campsites, the holiday tax is payable at the same time as the balance is due i.e. 30 days before the start of the holiday.



Pitch Booking Request Form

Please fill in all the sections of the form.

OPTION N°

SURNAME / First name : _____ Profession : _____

Address : _____

Postcode / Town or City : _____ COUNTRY : _____

☎ Home telephone number _____ ☎ Daytime telephone number _____ e-mail _____

CHOICE OF SERVICES

1 TYPE OF PITCH REQUIRED : Pitch with electricity Pitch without electricity
tent caravan folding caravan Motorhome
size _____

2 PACKAGE (the 2 person package includes: pitch for 2 people+ 1 tent or caravan or motorhome + 1 vehicle)
2 person package Backpacker/hiker package

3 EXTRAS : Extra person over 6 years of age Extra child between 2-5 years of age Pet (+ category):
Visitor 2nd tent 2nd vehicle Double axle

4 LOCATION

(Please list your choices in order of preference)

5 DATE OF STAY

(Please list your choices in order of preference)

A : _____ A : _____

B : _____ B : _____

C : _____ C : _____

YOUR PARTY'S DETAILS (COMPULSORY INFORMATION)

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

SURNAME _____ First name _____ Date of Birth _____

PRICING YOUR BOOKING

CALCULATION*

A/ BOOKING DEPOSIT

Price of your holiday = _____

25 % Deposit = _____

Booking fees = _____

2-4 nights 15 €

5 nights and more 25 €

Cancellation insurance = _____

Total of booking payment = _____

(deposit+booking fees+insurance)

B/ FULL PAYMENT

Price of your holiday = _____

Booking fees = _____

2-4 nights 15 €

5 nights and more 25 €

Cancellation insurance = _____

Total of booking payment = _____

I confirm that I have read, understood and hereby accept your sales and booking terms and conditions.

Signed in _____ on _____ / _____ / _____
(Please indicate home town/city) SIGNATURE

N .B. Cancellation Insurance

€ 9,50 for a period of 1 to 30 days

METHODS OF PAYMENT

cheque (drawn on a Euro account) Or French holiday cheques "chèques vacances"

postal order

Bank card N° _____

Expiry date: ____ / ____ Cryptogram _____

Enter the last 3 figures that appear on the back of your card in the signature zone

Amount to be debited _____

signature

I hereby authorise the direct debit of the outstanding balance 30 days before the start of my holiday.

signature

yes no

*For certain campsites, the holiday tax is payable at the same time as the balance is due i.e. 30 days before the start of the holiday.