

Hotel Booking Form

29th March 2002 - 1st April 2002

Name:						
Address:						
Phone/Email						
I would like to	book accomod	dation in the H	otel De France	, on the nights	(please tick ni	ights required):
Sunday 24th	Monday 25th	Tuesday 26th	Wednesday 27th	Thursday 28th	Friday 29th	Saturday 30th
Sunday 31st	Monday 1 st	Tuesday 2nd	Wednesday 3rd	Thursday 4th	Friday 5th	Saturday 6th
Single	Room					
Twin Room sharing with						
Twin Room, please find me a sharer						
Double Room sharing with						
Other	(please specify	·)				
I have the following allergies/special requirements:						
I will be payin	g my bill by:					
Credit card, card type is:						
Chequ	e. I enclose a c	heque for £				
Signed:			Date:			
Please return	this form to:					
Helicon, 33 N	Meyrick Drive	, Wash Comr	non, Newbur	y, Berks RG1	4 6SY	