BOOKING FORM

NAME:_____

ADDRESS:_____

_____ ZIP CODE:_____

TEL. DAY:_____ EVE:_____

FAX:_____ E-MAIL:_____

OTHER PERSONS IN YOUR PARTY

TITLE	FULL NAME	AGE (if under 21)

ARRIVAL DATE:_____ DEPARTURE DATE:_____

OPTIONAL EXTRAS – PLEASE TICK

POOL/JACUZZI HEATER	$
CAR HIRE	$

Villa Address:_____

_____

PAYMENT

TOTAL RENTAL COST	$
POOL HEAT	$
TOTAL	$
TAX (11.5%)	$
TOTAL	$
security bond (refundable)	$300.00
BALANCE PAYABLE	$

I HAVE READ AND AGREE TO ABIDE BY THE BOOKING TERMS & CONDITIONS

SIGNED:_____ DATED:_____

KINGDOM STATE VILLAS
MANAGEMENT ☼ SALES ☼ RENTALS
846 CASSIA DRIVE, FOUR CORNERS, DAVENPORT FL 33897
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E-MAIL: ksvmaninc@reliantmail.com