



BOOKING CONDITIONS

The accommodation shall be used only by the persons listed on the Booking Form. More persons may be added by arrangement with the Proprietors providing the capacity of the Apartment is NOT exceeded.

Terms are weekly Saturday to Saturday in High Season. A high standard of cleanliness is constantly maintained and all flats are thoroughly cleaned and inspected before occupancy and we regret that this DOES NOT PERMIT ARRIVAL BEFORE 2.30PM on day of occupancy.

Cancellations must be advised in writing. The hirer will be held responsible for the FULL AMOUNT of the booking unless the accommodation is re-let and the same terms obtained. WE STRONGLY ADVISE YOU TO INSURE AGAINST CANCELLATION AND AN INSURANCE PROPOSAL FORM WILL BE SENT WITH EACH CONFIRMATION. A deposit of £50 per flat per week secures the booking, the Balance being payable 6 weeks before holiday commences. Cheques to be made payable to F"('L'Uej cgf n (A booking is complete when you receive our official confirmation.) DEPOSITS ARE NOT REFUNDABLE.

The occupants undertake to keep the premises, furniture and fittings etc. in a CLEAN AND TIDY CONDITION as it has been presented to you and make good or pay for any articles of furniture, fixtures or fittings broken, lost, damaged or destroyed during their occupation. The proprietors shall not be liable to any persons for any personal injury, stress or inconvenience or damage to property including motor vehicles parked in our car park, however caused or sustained.

In the interest of others, hirers must ensure that there is NO UNREASONABLE AMOUNT OF NOISE within their apartment at any time and in particular from any radio, television or disc player.

The apartment MUST BE VACATED BY 9.30AM ON DAY OF DEPARTURE except by arrangement with proprietors.



BOOKING FORM

**Please complete in BLOCK CAPITALS and return with deposit to:
Sunnybeach HOLIDAY FLATS**

SEAFRONT, 6 ESPLANADE ROAD, PAIGNTON, DEVON TQ4 6EB.
Telephone (01 803) 558729

NAME (Mr/Mrs/Miss):

ADDRESS:

TELEPHONE NO:

No. of Weeks Commencing

to

No. of Persons Approximate time of arrival from 2.30PM onwards

Cot: YES /NO Car Reg. No

Please reserve Apartment No.

My party will consist of the following:

NAME (Mr/Mrs/Miss/Initials)	ADDRESS	AGE (if under 18)
1.		
2.		
3.		
4.		
5.		
6.		

Have you stayed with us before? Yes No

Where did you obtain our name?

I have read and accept the terms and booking conditions for myself and my party and
enclose as deposit. Balance payable 6 weeks before.

Cheques made payable to D & J Schaedl.

Signed: _____

Date: