

VIP Orlando Villas Booking Form

Party Leader

Title:

(Guest) Name:

Address Line 1:

Address Line 2:

Town / City:

Post / Zip code:

Country:

e-mail address:

Telephone:

Dates required

Check in: Day MonthYear Check out: Day MonthYear

Other members of the party:

	Title	First Name	Surname	Age (if under 21)
1.
2.
3.
4.
5.
6.
7.
8.
9.

VIP Orlando Villas Booking Form

I have read and accept the Terms and Conditions on behalf of myself and my party.

I agree to pay the full balance of rental payment eight weeks prior to departure.

I am over 21 years of age.

Signed:

Print name:

Date: