

GALAVA GATE

Self-Catering Accommodation

Borrans Road, Ambleside,

Cumbria LA22 0EN

Tel: 015394 33476

www.galavagate.co.uk E-mail: Cottages@galavagate.co.uk

BOOKING FORM FOR 2027

NAME _____ (PLEASE PRINT)

ADDRESS _____

POST CODE _____ TELEPHONE NO: _____

MOBILE PHONE _____

EMAIL ADDRESS _____

PLEASE RESERVE THE BORRANS / THE LANGDALE FOR ____ PERSONS

TYPE OF DOG (_____)

Pets: ONLY 1 Mature and well trained pet will be permitted per Cottage and **MUST NOT** be left unattended or cause Annoyance to other Residents (Charges may apply)

FROM SATURDAY _____ 3.00PM TO SATURDAY _____ 10.00AM

Prices quoted are for 2 people

Booking as follows: No Weeks _____ @ £ _____

Bookings for 2 consecutive weeks, please deduct 10% £ _____

Extra Persons @ £90.00 per person per week _____ £ _____

(2 people wanting a Second bedroom, Supplement £30.00) £ _____

Total £ _____

Non Refundable @ £150.00 per week Deposit £ _____

Please make Cheque payable to "S A Wise"

It is HIGHLY RECOMMENDED that you take out Holiday Insurance,

Confirmation of Deposit / Booking and dates required will be sent by return. Provisional bookings will be held for 5 Days only, pending receipt of deposit. We reserve the right to RE-LET any accommodation not fully paid for 2 Months before arrival date.

Please note we are unable to transfer weeks once a booking has been confirmed

Bookings made at Last Minute WILL be taken on CASH BASIS ONLY

Please note we have a No Smoking policy inside the Cottages.

I have read & agree to the Terms & Conditions

Signed _____ Date _____

Any special arrangement with which we may help to make your stay more enjoyable

To help with future advertising, please indicate how you found us.

Stayed before _____ Passing _____ Recommendation _____

Internet _____ Airbnb _____ Other _____ (Please Specify)

We hope you enjoy your stay with us, in the event that the accommodation is not to your liking please let us Know on arrival and we will refund (by cheque) the amount on the booking form.