

# caribe cove orlando, florida

## Reservation Form 2bed/2bath Apartment

**YOUR DETAILS:**

<b>Your Name</b>			
<b>Your Full Contact Address including Post Code and Country</b>	..... ..... .....		
<b>Contact Telephone Numbers</b>	Day		
	Evening		
<b>E-Mail Address</b>			

**YOUR RESERVATION:**

Date From (dd/mm/yyyy)	Date To (dd/mm/yyyy)	Number of Nights

**PERSONS OCCUPYING THE APARTMENT(Including Person above):**

Title	Full Name	Age (if under 21)

I/We agree to pay the full cost of any breakages, losses or damages to the property (the Resort management company will be arbitrators in such a situation).  
 I/We agree to take good care of the property and leave it in a clean and tidy condition when I/we depart.  
 I/We agree to report any loss or damage immediately when discovered to the Resort management company.  
 Cheques should be made payable to Malcolm Johnson.

TOTAL COST ( £/\$ )	DEPOSIT: 20% OF TOTAL COST DUE AT TIME OF RESERVATION ( £/\$ )	BALANCE DUE 4 WEEKS PRIOR TO ARRIVAL ( £/\$ )

<b>Signed</b>		<b>Date</b> (dd/mm/yyyy)	
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Please complete and return to: Malcolm Johnson  
 The Bee Garden - St. Georges Lane - Hurstpierpoint - West Sussex - BN6 9QX - England  
 Telephone: (+44) (0)1273 833443  
[www.caribecove-florida.co.uk](http://www.caribecove-florida.co.uk)