

# 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> | .....<br>.....<br>..... |  |  |
| <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><br>(dd/mm/yyyy) |  |
|---------------|--|-----------------------------|--|

Please complete and return to: Malcolm Johnson  
 The Bee Garden - St. Georges Lane - Hurstpierpoint - West Sussex - BN6 9QX - England  
 Telephone: 01273 833443 - Fax: 08704 321216  
[www.caribecove-florida.co.uk](http://www.caribecove-florida.co.uk)