

## BOOKING FORM FOR BROOK END, DALE

Please return to: Sqn. Ldr and Mrs J R Potter,  
Brook House,  
Dale,  
Haverfordwest,  
Pembrokeshire, SA62 3RA

Dates: From: ..... To: .....  
( Notice: Friday Change Over )

Booking by: Title and Name: .....

Address: .....  
.....  
.....Post Code:.....

Telephone: .....

Name of additional person ( And age if under 21 ) .....

Total Rental: £.....  
( Please enclose full payment if holiday commences less than 2 months from booking date )

Deposit: ( 25% ) £.....

Please make cheques payable to Mrs. C. J. Potter

Approximate time of arrival ( 4pm or later ) .....pm

Double or twin beds Double Twin  
( please circle )

Please could you tell us how you knew about Brook end? .....

Any special requests or notes, please comment below.

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