

# BROAD HAVEN HOLIDAY PARK

holiday home  
booking form

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

**IMPORTANT:** If possible please book by telephone first. The number to ring is **(01437) 781277**. Please send this form with your payment to: **Broad Haven Holiday Park, Broad Haven, Haverfordwest, Pembrokeshire SA62 3JD.**

**NAME** Mr/Mrs/Miss (Initials) \_\_\_\_\_ Surname \_\_\_\_\_

**ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

**NAMES OF ALL PEOPLE IN YOUR PARTY**

As above	6
2	7
3	8
4	9
5	10

**TELEPHONE** Day (STD Code \_\_\_\_\_) \_\_\_\_\_  
Evening (STD Code \_\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

If this confirms a telephone reservation please tick   
Will this be your first visit to this Park?  Yes  No

Extras	No
Linen	
Double	
Single	
Free Cot	
Free High Chair	
Free Fire Guard	
Other	

Special Requests  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

Cheques, etc should be made payable to: **BROAD HAVEN HOLIDAY PARK**, please write your name and address on the reverse of your cheque.

Please send me details on owning my own Caravan Holiday Home

VAT Reg No. 124 9552 64  
Broad Haven Holiday Park,  
Broad Haven, Haverfordwest,  
Pembrokeshire SA62 3JD  
Park proprietors: Andrew & Nicky Mock

**CARAVAN TYPE** \_\_\_\_\_ Special Offer \_\_\_\_\_

**HOLIDAY DATES** Arrival \_\_\_\_\_ Departure \_\_\_\_\_

NUMBER IN GROUP	Adults:	
	Children:	Teenagers
	Over 5	
	Under 5	
	Dogs	

If you wish to pay your Initial Payment by Visa, Mastercard, Switch, Delta or American Express. My Credit/Debit Card number is:

\_\_\_\_\_  
\_\_\_\_\_

<b>YOUR HOLIDAY</b>	1st week £	
	2nd week £	
<b>EXTRA PERSON</b>	1st week £	
	2nd week £	
	Dog £	
	Linen Hire £	
<b>HOLIDAY INSURANCE</b>	£	
<b>SUB TOTAL</b>	£	
Less special offer	£	
<b>TOTAL £</b>		
Deposit - not less than 1/4 of total price or full amount if holiday is less than 4 weeks away.	£	
Balance due 28 days prior to arrival	£	

Switch Issue No.

I authorise Broad Haven Holiday Park to charge my account with the Initial Payment of:

£ \_\_\_\_\_

for my holiday and the balance of

£ \_\_\_\_\_

28 days prior to my arrival.

Cardholder's signature \_\_\_\_\_  
  
Cardholder's name \_\_\_\_\_  
  
Expiry date of credit card \_\_\_\_\_  
  
Cardholder's address if different from above \_\_\_\_\_

**DECLARATION** (please remember to sign before posting)  
I declare that I am over 18 years of age and agree that this booking is made in accordance with the terms of the brochure and Tariff.

I agree to be held responsible for the balance due and payment in accordance with the terms of the brochure and Tariff.

Signature of Client \_\_\_\_\_  
Date \_\_\_\_\_

tel: 01437 781277  
fax: 01437 781088  
www.broadhavenholidaypark.com  
email: info@bhhp.co.uk