

**RIVERSIDE APARTMENT**  
**AT LOWER BALLIG**

**BOOKING FORM**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone: home** \_\_\_\_\_ **work** \_\_\_\_\_

**fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Guests Names**

\_\_\_\_\_

**Arrival Date & Time** \_\_\_\_\_

**Departure Date** \_\_\_\_\_

*Note: The apartment is available from 3.00 pm on arrival day and must be vacated by 10.00 am on departure day.*

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

\_\_\_\_\_

**Food Packages can be arranged at an additional cost. Please specify your needs when booking.**

**Prices and availability on request. A £100.00 deposit is required per week.**

**Please make cheques payable to Mrs. R. Grace and send with your completed booking form to Lower Ballig, Tynwald Mills, St. Johns, Isle of Man, IM4 3AF.**

**I enclose a cheque for £\_\_\_\_\_ and agree to adhere to the terms and conditions for Riverside Apartment.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_