

KNITTERS DREAM WEEK BOOKING FORM - 2010

Name & Address for Correspondence

TITLE _____ INITIAL _____ SURNAME _____

ADDRESS _____

POST CODE _____

TELEPHONE NUMBER INCLUDING DIALLING CODE

Daytime _____ Evening _____

Date of Arrival Mon. Sept 6th Date of Departure Fri. Sept 10th

Names of room occupants

Title Initial Surname Double Bed/Double as Single

1 _____

2 _____

Special Requests Please let us know if there are any special needs for your party.

A non - refundable deposit of £50.00 per person is requested to secure your place on the Knitting Week & your accommodation

Total Enclosed _____

Please send this form with a cheque made payable to 'Metropolitan' OR Your Credit Card Number

Start Date _____ Expiry Date _____

Card Security Number - The last three digits on the back of the card ____ ____ ____

Switch Cards Issue Number _____

Please PRINT name as on Credit Card

Signature
