

Mrs Janette MacLure

10 Aird

Ardvasar

Sleat

Isle of Skye

IV45 8 RN

Calligary Cottages Booking Form (LOCH HOURN SLEEPS 4/5)

Name

Address

.....

.....

.....

Postcode

Telephone number

Mobile

E-mail

Please reserve accommodation for the following dates:-

from

to

in **Loch Hourn Cottage (sleeps 4/5)**

for adults

..... children over 3 years

..... children under 3 years

..... dogs

Payment **£**

Total Rental

Less 25% Deposit _____

(cheque to be made payable to

Balance due 4 weeks before arrival _____

Mrs J MacLure)

I have read and agree to abide by the Terms and Conditions

Signed

Date

How did you find out about us?

Recommendation Internet Research Repeat Visit