

# SUMMER ISLES CROFT

## BOOKING FORM

**Please only complete after a booking has been made by phone and/or email!**

### NAME & ADDRESS

Mr/Mrs/Miss/Ms/other .....

Forename: .....

Surname: .....

Address 1: .....

Address 2: .....

Address 3: .....

Post-code: .....

Phone: ..... Mobile: ..... E-mail: .....

### DATES ACCOMMODATION REQUIRED & PARTY DETAILS

From (from 3pm on date of arrival): .....

To (by 10am on date of departure): .....

Number of people over 18 yrs: .....

Number of people aged 2 - 18 yrs: ..... Ages of 2 – 18 year olds: .....

Number of infants under 2 yrs: .....

Pets (permission required – please discuss with us) .....

Please tick as required: Cot  High Chair  Stair Gate  Bed-wetting protector

### BEDROOM CONFIGURATION

Please tick what you require. Should you require a cot please tick which room you would like it in.

Master Bedroom:
King size double bed <input type="checkbox"/>
Cot <input type="checkbox"/>

Middle Bedroom:
King size double bed <input type="checkbox"/>
Cot <input type="checkbox"/>

Twin Bedroom:
Single bed <input type="checkbox"/>
Single bed <input type="checkbox"/>
Cot <input type="checkbox"/>

## CONFIRMATION

I have read and accept the Terms and Conditions of Hire on the website   
(<https://summerislescroft.com/terms-and-conditions/>) - this is a requirement of your booking being accepted

The booking deposit of £300 (a) is enclosed as a cheque made out to I & L Muir

(b) has been paid by Bank Transfer  Santander a/c: I F & L E Muir  
a/c no: 55178751  
Sort Code: 09-01-28

Your signature:

Please either post this form when completed to:

Iain and Lesley Muir  
Polbain  
Achiltibuie  
Ullapool  
IV26 2YW

Or email to [SummerIslesCroft@gmail.com](mailto:SummerIslesCroft@gmail.com)