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**BOOKING FORM**

Please complete all sections, sign and return to  
 Simply Salema with appropriate payment.

NAME OF ACCOMMODATION .....

PARTY LEADER Name .....

Address .....

..... Postcode.....

Tel: Home ..... Mobile ..... Work ..... Email .....

Total no in party ..... Total no self drive ..... Total no requiring transfer .....

Total no self catered ..... Total no catered ..... Arrival Date ..... Departure Date .....

**GROUP DETAILS**

	Title	First name	Surname	Address	Age on departure if under 18 or over 65
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

It is a booking requirement that you have adequate travel insurance for your holiday. Please supply details of your insurance:

.....(Company Name & Policy Number)

**PAYMENTS ENCLOSED:** I enclose with this booking form payment covering:

**DEPOSITS:** Self catered 25% of villa rental cost x..... £.....

Catered £100 per person x..... £.....

**TOTAL ENCLOSED:** Payment by bank transfer or cheque payable to 'Simply Salema' £.....

I have read the Booking Terms and Conditions and agree to their terms in respect and on behalf of all persons named above.  
 I am over 18 and have the authority to act for all members of the party.

Signed ..... Date .....



**LUXURY HOLIDAYS IN THE WESTERN ALGARVE**  
 BEACHFRONT VILLA WITH POOL AVAILABLE ALL YEAR ROUND  
 FAMILY-ADVENTURE-GOLF-WALKING-PAINTING-SIGHTSEEING



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