

Kensington Hotel

2 Star ETC Hotel Non Smoking

RESERVATION FORM

Please confirm your telephone booking in writing within 7 days. This form can be used for that purpose.
Also, please remember to enclose your deposit to secure booking.

BLOCK CAPITALS PLEASE

Title, Mr / Mrs / Ms _____ INITIALS _____ SURNAME _____

ADDRESS _____

_____ POST CODE _____

Daytime Telephone Number _____ Mobile or other contact _____

E-mail address _____

	Adults	Children (Ages)	Infants in Cots
Twin (2 x single beds)			
Double Bed			
Single Bed			
Family Room (Double + 1 Single)			
Family (Double + 2 Singles)			

SPECIAL REQUIRMENTS _____

DEPOSIT CHEQUE ENCLOSE (£25.00 PER PERSON): _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

I have read and agree to the Term & Conditions as set out for my reservation at the Kensington Hotel

Signed _____ Dated _____

Post back at your earliest convenience