Glisten Villa Booking Form.

NAME_____
ADDRESS_____
_____POSTCODE_____
DAY TEL:_____EVENING:_____MOBILE_____
EMAIL_____FAX_____
DATES REQUIRED. ARRIVING_____
DEPARTING_____
LIST ALL OCCUPANTS IN YOUR PARTY. STATING AGES IF UNDER 21 (REQUIRED BY FLORIDA LAW)

TITLE	FULL NAME	AGE IF UNDER

COSTS:
NB: The daily rate is the weekly rate divided by 7

NUMBER OF NIGHTS (inc US Tax): _____ @ DAILY RATE OF _____ (USD) = TOTAL _____

OPTIONAL POOL HEAT @ $35 PER DAY = TOTAL_____

TOTAL COST

Bookings are not accepted until a deposit of 20% has been paid. The balance is due 10 weeks prior to departure.
I agree to pay the balance 10 weeks prior to departure.
I understand that a security deposit of $500 must be paid with the balance and will be returned to me after inspection by Management Company.

I have read, understand and accept the terms and conditions as stated on behalf of my party and myself. I am over 25 years of age.

SIGNATURE_____DATE_____
Please mail all cheques to: Gone2Florida, 985 Berkley Drive, Kissimmee, Florida 3476, United States of America. Payable to Mabrise Corporation.