

BOOKING FORM

Please print out, fill in and return this form to:
Castle Narrowboats, Church Road Wharf, Gilwern, Monmouthshire NP7 OEP.
If you are paying by credit or debit card we recommend you use our
secure online booking form.

YOUR DETAILS

| | | | |
|----------------------|----------------------|----------------------|----------|
| Title | Initials | Surname | Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Tel (daytime) | Mobile | Tel (evening) | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

How did you find out about Castle Narrowboats?

- I have used a Castle Narrowboats boat before (if so how many times?).
- I have used other companies' boats before.
- I have my own boat.
- I have no previous experience.

BOAT DETAILS

| | | |
|----------------------|----------------------|----------------------|
| Boat Name | Start date | Finish date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of party (required for insurance purposes)

| Title | Initials | Surname | Address | Age* |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* age needed if under 21 on date of departure

Bed Linen Requirements

- No. of doubles No. of singles (sleeping bags). Bringing own bedding, no linen required.

PAYMENT DETAILS

| | |
|---------------------------------|------|
| Total boat hire cost | £ |
| Pets @ £15 per pet per booking | £ |
| Buoyancy aids - number required | |
| Total cost | £ |
| Deposit | £200 |
| Balance | £ |

If your holiday is within 4 weeks, full payment is required. You may pay by cheque (made payable to Castle Narrowboats), cash or credit/debit card. If paying by credit/debit card please fill in the details below. We now have a secure online booking form.

Please charge £200 deposit to my card.

Please charge the whole balance to my card account 28 days before my holiday.

Please charge the full cost of my holiday to my card account immediately.

| | | |
|----------------------|------------------------|----------------------|
| Cardholder's name | Cardholder's signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------|
| Card number | Security code | Start date | Expiry date | Switch/Solo issue number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |