



BOOKING FORM

Telephone: 07817 229799

Fax: 01764 684209

Personal Details (For additional drivers, please complete separate page)

Mr/Mrs/Ms Forenames _____ Surname _____

Address _____

City _____ Post Code _____ Country _____

Email Address _____ Telephone Number: _____ Mobile _____

If less than 3 years at this address please note previous address _____

Date of Birth (Minimum age 25) _____ Nationality _____

I wish to book: Motorhome 6 Berth

Motorhome 4 Berth

Caravan 4/5 Berth

Number of Adults _____ Number of Children _____

Date: From _____ To _____

Time: Pick Up _____ Drop Off _____

Please see Terms and Conditions for our normal collection and drop off times. Other times by arrangement, however additional charges may apply. Please allow 1-2 hours for handover of vehicle.

For Caravan/Tent Hires Only

Make/Model of Tow Car _____

Kerb Weight of Tow Car _____ KGS

Maximum Tow Weight _____ KGS

Registration Number _____

Engine Size _____

Insurance Company _____

Policy Number _____

Your Driving Licence Details (Driving licences must be held for a minimum of 5 years)

Driving licence number _____ Date Passed _____ Valid To _____

Any physical or mental deficiencies? Yes/No Have you ever been refused insurance? Yes/No

Endorsements, accidents and penalty points in the last 5 years (please give full details including penalty codes and fines)

Occupation _____ (profession/job description)

Employers Name _____ Telephone Number _____

Address _____

Payment Details

I wish to pay the deposit/full amount due for the hire together with the damage deposit (refundable).

£

I enclose a cheque made payable to Sidewalk llp Please debit my visa / mastercard / solo/ maestro

Card Number _____ (Cards subject to a 2.5% service charge)

Valid From / Valid To / Issue No _____ Last 3 digits on Reverse _____

Name and address of Cardholder (if different from above) _____

Post Code _____

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF BOOKING

Signature _____ (Hirer)