

Bed and Breakfast Booking Form
Please complete and return

Name.....

Address.....

.....

.....

Post Code.....

Telephone No:

Date of Arrival.....

Number of Nights.....

Number of Persons.....

Adults.....

Children's Ages.....

Special Diet.....

Allergy.....

Additional Need.....

Accommodation Required:

Sligachan Double Bedroom (Front)

Glamaig Double Bedroom (Back)

Signature.....

Deposit Enclosed.....

Self Catering Booking Form
Please complete and return

Name.....

Address.....

.....

.....

Post Code.....

Telephone No:

Date of Arrival.....

Number of Nights.....

Number of Persons.....

No of Adults.....

Children's Ages.....

Additional Needs:.....

.....

Deposit Enclosed.....
(£50.00 per week)

Signature.....