

**The Old Inn
Kylarhea,
Breakish,
Isle of Skye,
IV42 8NH**

BOOKING FORM

NAME

ADDRESS

.....

.....

POSTCODE

TEL (HOME).....

TEL (WORK).....

TEL (MOBILE).....

E-MAIL.....

PREFERRED CONTACT METHOD (please tick) e-mail post phone

DATES REQUIRED **FROM** **TO**

MAIN BUILDING (SLEEPS 6) **Number of people staying**

ANNEX (SLEEPS 7) ALSO REQUIRED **NO** **YES** **No. Persons**

Deposit sent (£150)

Balance due (6 weeks before arrival) £.....

Any special requirements.....

Any other comments or questions

.....

SIGNED BY

I have read and agree to abide

By the terms and conditions

Please return this form with your deposit cheque payable to CE Murch Ltd at the above address.

We look forward to welcoming you to the Old Inn.

For office use :Confirmation sent.....

Date booked:.....Balance received.....