

William Shakespeare Jazz 'n' Swing Festival

The Stratford Holiday Inn Hotel

Saturday 21st – Monday 23rd November 2009

BOOKING FORM

Your lead booking Name _____

Your Address _____

Your Post Code _____ Your Telephone Number _____ E-Mail: _____

Type of room required	Number of rooms	Price which includes Entertainment, Hotel & Meals	
Half Board Standard Room for two persons		£214 per person	<i>I would like a Twin Bed () please tick I would like a Double Bed ()</i>
Half Board Standard Room Single occupancy		£239 per person	
Half Board Executive Room for two persons		£239 per person	<i>I would like a Twin Bed () please tick I would like a Double Bed ()</i>

Bookings are subject to availability. **Prices are inclusive.** All reservations are provisional and subject to written confirmation. Payment to be included with your booking is a deposit of £40 per person, which will secure a reservation. Balances must arrive by 1st September 2009, time being of the essence. The accommodation, all on site facilities and meals are provided to you by the Stratford Holiday Inn Hotel and are their responsibility and their charges to you are included as part of the above total price. It is clearly understood that John Petters Productions Ltd is only responsible for the music provided by the company and the fees payable for those musical services are ALL also included in the above charges.

Check in is Saturday Afternoon from 12:00, and checkout is after breakfast on Monday.

Your Party details

Title	Name	Address	Age

Prices and your holiday payment: There will be no refunds on cancellation. We recommend you take out holiday cancellation insurance. Confirmation of your booking will be sent to you when the booking process is completed. All guests will receive a pass on the first day at the venue, which will be required all weekend to enter the entertainment.

Special Requests	
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ALL ENQUIRIES please to John Petters Productions Ltd on 0800 496 0673

Total now being remitted by you

Deposit £ _____
Total now being sent £ _____

I the undersigned agree and have been authorised to agree by all other members of my party on their behalf, to be bound by the above conditions, which we have all read and accept. I will pay the balances by 1st September as directed by John Petters Productions Ltd. I authorise the company to make the above reservations in my name as my agent with the Stratford Hotel Inn Hotel. I agree on behalf of all members of my party to be bound by the above conditions which we have read and accept and I will pay any balances due by 1st September 2009. I authorise John Petters Productions Limited to make the above reservations in my name as my agent with Stratford Holiday Inn Hotel and to pay for the costs of the entertainment and artistes.

I would like to help make the Festival a greater success, please send me _____ leaflets.

SIGNED _____ Date _____

PLEASE POST THIS FORM with your CHEQUE made payable to JOHN PETTERS PRODUCTIONS LIMITED and send to 218 New House Farm, Hospital Drive, Long Sutton, PE12 9EN