

Eighth William Shakespeare Jazz 'n' Swing Festival

The Stratford Holiday Inn
Hotel - Saturday 13th – Monday 15th November 2010

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		£219 per person	<i>I would like a Twin Bed () please tick</i> <i>I would like a Double Bed ()</i>
Half Board Standard Room Single occupancy		£244 per person	
Half Board Executive Room for two persons		£254 per person	<i>I would like a Twin Bed () please tick</i> <i>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 £40 per person which will secure a reservation. 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 is only responsible for the music provided 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

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 on 01406 365 731

Total now being remitted	£ _____
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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 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. I authorise John Petters 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 and send to 218 New House Farm, Hospital Drove, Long Sutton, PE12 9EN