

William Shakespeare Jazz 'n' Swing Festival

The Stratford Holiday Inn Hotel

Saturday 15th – Monday 17th November 2008

BOOKING FORM

Your lead booking Name _____

Your Address _____

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

Type of room required	Number of rooms	Price	
Half Board Standard Room		£209 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		£234 per person	
Half Board Executive Room		£234 per person	<i>I would like a Twin Bed () please tick</i> <i>I would like a Double Bed ()</i>

Accommodation is subject to availability. **Prices are inclusive.** Check in is Saturday Afternoon from 12:00, and checkout is after breakfast on Monday. Bookings MUST be paid for either in full or a deposit of £40 per person will secure a reservation – balances to be paid to John Petters Productions Limited by 1st September 2008, time being of the essence. Accommodation and meals are provided to you by Stratford Holiday Inn Hotel and the cost included as part of the above prices, as is admission to the music provided by John Petters Productions Limited.

Your Party details

Title	Name	Address	Age
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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 complete. 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

ALL ENQUIRIES please to the agent John Petters on 0800 496 0673

Total now being remitted by you

Accommodation cost or deposit

£

Total now being sent

£ _____

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 2008. I authorise John Petters Productions Limited to make the above reservations in my name as my agent with Stratford Holiday Inn Hotel.

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

SIGNED _____ Date _____

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