



CHANGE TO PREFERENTIAL BOOKING FORM

***THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE
BEFORE YOUR DEPARTURE.***

Surname: _____ First Name: _____

Reservation Number: _____

Current booking details

Section: _____ **Site:** _____

Arrival Date: / / Departure Date: / / No of days: _____

Ideal booking details

Section: _____ **Site:** _____

Arrival Date: / / Departure Date: / / No of days: _____

SIGNATURE

DATE

Office use only:

Date returned: _____

Time: _____

By: _____



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