

Booking Form
Garradh Mailaidh (Molly's Garden)

Name: _____

Address: _____

Postcode: _____

Tel No Home: _____ Mob: _____

E-Mail: _____

Dates Required: _____

Deposit Enclosed: _____

Number in Party: _____ Number of Cars: _____

Registration No's: _____

Name:	Male /Female	Age (if under 25)
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1. _____

2. _____

3. _____

4. _____

5. _____

I enclose a deposit of £100 per week and agree to pay balance 6 weeks prior to arrival date
I agree to the terms & conditions of the booking and I am over 18 years of age.

Signed----- Date-----

Please make cheques payable to Kim Donnelly and send to:
Claymore Restaurant, Broadford, Isle of Skye, IV49 9AQ