



HOME POOL BOOKING FORM

Please complete in block capitals. One booking form per session.

GROUP LEADER :

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: _____ MOBILE: _____

EMAIL ADDRESS: _____

SESSION DATES: FROM: noon TO: 10am

COST PER SESSION: £

NON- REFUNDABLE DEPOSIT: £

NAMES OF ACCOMPANYING ANGLERS : _____

Payments may be made by cheque (payable to Mr DL Ayres & Mrs GL Ayres), bank transfer to Mr DL Ayres & Mrs GL Ayres, account number 40816949, sort code 20-20-15 or cash.

AMOUNT OF DEPOSIT: £ BALANCE DUE: £

BOOKING WILL ONLY BE ACCEPTED UPON RECEIPT OF COMPLETED BOOKING FORM AND DEPOSIT.

I confirm I have read and fully understand the rules and agree to comply with them.
On signing this you will be responsible for the other members of your group.

SIGNATURE: _____ DATE: _____

Completed booking forms to be returned to
Chad Lakes, Stow Road, Bledington, Oxon. OX76XL.
Tel: 01451 831470 Email: fishing@chadlakes.co.uk
Website: www.chadlakes.co.uk