

# Brunswick House

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Proprietors Margrethe and Pete Hockings

## Booking Form

**Name**.....

**Room:**      Single      Twin      Double      Triple

**Date of arrival**..... **Time**.....

**Date of departure** .....

**Deposit (required - 1 nights accommodation fee) £**.....

Please check the current tariff on our website

### **Booking Conditions**

I accept that in the event of cancellation or late arrival, my deposit is non-refundable. In the event that the period booked is not re-let, I shall be liable for the total fee. (*We undertake, if at all possible, to re-let cancelled bookings.*) It is recommended that you have adequate insurance cover against possible cancellation

### **Smoking is prohibited by law throughout the premises**

If you accept the above conditions please sign and print your name and details below.

**Signed** .....

**Name (print)**.....

**Address**.....

.....

.....

**Telephone**.....

**email** .....