

## FAX BOOKING FORM

Fax Number: +27 (0)86 658 8373

Date: .....

Name & Surname: .....

**Please indicate your preference for how you would like your booking confirmed.**

.....

(F) .....

.....

**By listing all contact numbers we are assured that we can make contact with you should the need arise.**

(W) .....

(H) .....

(Cell) .....

**Please ensure that your booking request allows for four weeks notice. Additionally, include whether there is a time preference on the specific dates you choose as well as any additional information that we need to be aware of.**

Gift Experience type: .....

Voucher reference: .....

1st date preference (dd/mm/yy) .....

2nd date preference (dd/mm/yy) .....

3rd date preference (dd/mm/yy) .....

Additional information: .....

**Please advise whether you would like to be added to the CGE monthly newsletter and be kept informed of our special offers.**    Y    N

### FOR OFFICE USE ONLY

Date of CGE preference date request: .....

Confirmation date from vendor: .....

Confirmation date to client: .....

Method of confirmation to client:     (F)       

Booking notes: .....

Add to newsletter distribution list:    Y    N

Participation in an experience implies acceptance of the terms & conditions detailed in your gift pack or accessible via [www.celestialgifts.com](http://www.celestialgifts.com). It also implies acceptance of the terms & conditions of the establishment hosting the experience itself.