



St James
Barbados W.I.

DATE:

BOOKING FORM DETAILS

Villa / Apartment Name

LEAD NAME

ADDRESS

EMAIL:

TEL #:

AIRLINE

ARRIVAL DATE

ARRIVAL TIME

DEPART DATE:

DEPART TIME:

CONTACT NAME (in case of emergency)

CONTACT TEL No (in case of emergency)

NAMES OF ALL IN PARTY

1	6
2	7
3	8
4	9
5	10

Please confirm if you require (see below)

Airport Transfer	
Food Pack	
Car Hire	
Tour Package	
