



Gooderson Natal Spa

Hot Springs & Leisure Resort

Tel: (031) 368 5642
E-mail: selfcat1@goodersons.co.za
Fax: 086 534 9293

2021 BOOKING REQUEST FORM

I, the undersigned, hereby apply to reserve my unit in accordance with Clause 4 of the Terms & Conditions of Sale .

**N.B: BOOKING REQUEST TO BE MADE EARLY AS SOON AS LEVY IS PAID
TO AVOID THERE BEING NO AVAILABILITY FOR YOUR HOLIDAY.**

Unit No:	_____	
<u>From</u>	<u>To</u>	
1st Choice	/ /2021	/ /2021
2nd Choice	/ /2021	/ /2021
3rd Choice	/ /2021	/ /2021

Name: _____

Account No _____

Cell No _____

ID Number _____

Address _____

E-Mail address _____ Postal Code _____

Please indicate with a X in the boxes below what you would like to do with your 2021 week

- 1 I will be utilising the above requested dates/my fixed week
- 2 I will be sending a guest for the above requested dates/my fixed week

Guest Details Name _____ Contact No _____

E-Mail Address _____

(FLEXI WEEK OWNERS - PLEASE NOTE - You must fill in the booking block above before completing the section below)

- 3 Please spacebank my week with the following exchange organisation
- DAE IEXC
- RCI

Membership Number _____

- 4 I/We hereby give **SOLE MANDATE** to Vacation Sales & Rentals to rent out my 2021 week.

Whilst every attempt will be made to rent out your week, there are NO guarantees.

(A 30% admin fee will be deducted from the rental income)

- 4,1 Please allocate the rental **INCOME** to my 2022 levy

- 4,2 Please pay the rental received into the following bank account

Account Name _____

Bank _____

Branch _____

Account No _____

The dates you give must coincide with the dates on the holiday weeks timetable attached. All levies **MUST** be paid in FULL prior to any reservation, banking or rental being considered. Booking forms may be emailed to selfcat1@goodersons.co.za or faxed to us on 086 -534 9293

Signature of Owner _____

Date _____