BERG RIVER TRUST IT638/97 T/A BERG RIVER RESORT RESERVATION APPLICATION FORM

P.O.BOX 552 PAARL SOUTH 7624 TEL:021-0071852/3 FAX:086-2151401 www.bergriverresort.co.za info@bergriverresort.co.za

ADDITAL	DATE			
ARRIVAL	1	1	1	
DAY	MONTH	YEAR	TIME	NAME:
			AFTER 2PM	
DEPARTUTE DATE				ADDRESS:
DAY	MONTH	YEAR	TIME	
			BEFORE 9AM	
CHALET	CARAVAN	TENT SITE	ELECTRICITY	
	SITE		(YES/NO)	
DIEAGEN		NONIT NO A NI A		TEL: (CODE)(H)
			PPLICATION	
AND NOT A BOOKING. PLEASE READ				(CODE)(W)
CONFIRM	IATION LET	TEK.		

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