



Hotel Booking Form - Please Return By Dec 25, 2005

Name: _____

Address: _____

City: _____

County/State/Province: _____

Postal Code/Zip: _____ Country _____

Phone: _____

Email Address: _____

Desired Room Type: (please check) SINGLE / DOUBLE / TWIN

Room Wanted For: (please check) FRIDAY / SATURDAY / SUNDAY nights.

If you have a partner or sharer for a twin or double room please give his/ her name:

If you need us to find you a sharer (we'll look for same-sex sharers only!), please tell us the following about yourself (please check):

Male / Female

Smoker / Non-smoker

A really late-night filker: YES / NO

Please use the space below to indicate any special dietary (or other) needs you may have, and (if necessary) notes about filkers with whom you could/couldn't share a room:

OR PRINT AND MAIL TO: 1812Tone Booking, c/o 165 Cold Overton Road
Oakham Rutland LE15 6NU UK