



The Cleve Christmas Booking Form

THE
CLEVE SPA
HOTEL & CONFERENCE CENTRE

Party Name _____

Name of
Organiser _____

Address

Telephone No. _____

Number in Party _____

Deposit Total £ _____

I agree to the terms and agreements as stated in brochure and I have enclosed a payment of £10 per person booking deposit to confirm my reservation.

Signed _____

Print Name _____

Date _____

Please send to;

The Cleve Hotel, Mantle Street, Wellington, Somerset TA21 8SN

Tel. 01823 662033 or visit our website at www.clevehotel.com