

MMTP Provisional booking reservation form: 2003

The one-week course is from Tuesday to Saturday, with arrival and departure on Monday; the two-week course is on the same days but with a weekend between.

START HERE: Please give us the contact details for <i>the person booking for the party</i> (leave anything that is not appropriate for your circumstances blank)			
First name			
Surname			
Daytime telephone			
Evening telephone			
Email address			
Fax			
House and Street/Road			
Address <i>continued</i>			
Address <i>continued</i>			
Town/City			
Postcode			
County/Area			
Country			
Emergency number			
How many in the party?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> More – contact us first		
Preferred dates?	<input type="checkbox"/> One week <input type="checkbox"/> Two weeks Starting date: _____		
How did you hear of us?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Time Out <input type="checkbox"/> The Lady <input type="checkbox"/> Leisure Painter <input type="checkbox"/> The Artist <input type="checkbox"/> Artists & Illustrators <input type="checkbox"/> Country Life <input type="checkbox"/> Google advert <input type="checkbox"/> other </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Painting Holiday Directory <input type="checkbox"/> Artcourses.co.uk <input type="checkbox"/> Open Directory project <input type="checkbox"/> Internet search <input type="checkbox"/> From our brochure <input type="checkbox"/> From your Art Club <input type="checkbox"/> Personal recommendation _____ </td> </tr> </table>	<input type="checkbox"/> Time Out <input type="checkbox"/> The Lady <input type="checkbox"/> Leisure Painter <input type="checkbox"/> The Artist <input type="checkbox"/> Artists & Illustrators <input type="checkbox"/> Country Life <input type="checkbox"/> Google advert <input type="checkbox"/> other	<input type="checkbox"/> Painting Holiday Directory <input type="checkbox"/> Artcourses.co.uk <input type="checkbox"/> Open Directory project <input type="checkbox"/> Internet search <input type="checkbox"/> From our brochure <input type="checkbox"/> From your Art Club <input type="checkbox"/> Personal recommendation _____
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Please tick all boxes to confirm that:			
<input type="checkbox"/> I am authorised by all the persons listed here to make this booking on behalf of my party			
<input type="checkbox"/> I am over 18 years of age			
<input type="checkbox"/> I agree to all the booking conditions, which I have read			
<input type="checkbox"/> All persons listed on this form are covered by suitable insurance			
I wish to pay by:			
<input type="checkbox"/> UK Cheque (payable to J & M Roberts – Marisa Martin is Mrs. Roberts!)			
<input type="checkbox"/> VISA or other credit/debit (please advise the details here or by phone – 2% surcharge payable)			
Card Type: _____	Card Number _____		
Expiry Date (MM/YY) _____	Security Code: <i>(currently optional)</i> _____		
Start Date (Switch/Delta cards only) _____	Issue Number: <i>(Switch/Delta cards only)</i> _____		
Billing address is as given above: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Bank transfer (advise details by telephone, post or email)			
<input type="checkbox"/> Other (please specify) _____			
I enclose a non-refundable deposit of £_____ being £150 per person per week booked			
I agree to pay the balance of £_____ by eight weeks before the start of the course			
If you are booking within eight weeks of the course start date the FULL AMOUNT must be paid.			

Now **please turn over** and fill in the Artist/Guest details...

Start with the **other side...**

Please give the details **for up to four persons making up the party (include yourself here if you are making the booking and also attending the course – copy this side if you are booking for more than four):**

▶ 1st Artist/Guest	First	Surname		
Male/female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age group	<input type="checkbox"/> 18-38	<input type="checkbox"/> 39-55	<input type="checkbox"/> 55+	
Painting skill	<input type="checkbox"/> beginner	<input type="checkbox"/> improver	<input type="checkbox"/> experienced	<input type="checkbox"/> advanced <input type="checkbox"/> non-painter
Preferred medium	<input type="checkbox"/> pencil	<input type="checkbox"/> pastel	<input type="checkbox"/> gouache	<input type="checkbox"/> charcoals <input type="checkbox"/> watercolour
	<input type="checkbox"/> acrylics	<input type="checkbox"/> oils	<input type="checkbox"/> other	<input type="checkbox"/> don't know yet
Sharing with person	<input type="checkbox"/> allocate a same-sex share		<input type="checkbox"/> no share - single room	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Dietary preferences	<input type="checkbox"/> Normal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Half-board		<input type="checkbox"/> Full-board	
Physical ability	<input type="checkbox"/> Slight	<input type="checkbox"/> Average	<input type="checkbox"/> Good	
<i>Please advise us of any important health issues separately</i>				
▶ 2nd Artist/Guest	First	Surname		
Male/female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age group	<input type="checkbox"/> 18-38	<input type="checkbox"/> 39-55	<input type="checkbox"/> 55+	
Painting skill	<input type="checkbox"/> beginner	<input type="checkbox"/> improver	<input type="checkbox"/> experienced	<input type="checkbox"/> advanced <input type="checkbox"/> non-painter
Preferred medium	<input type="checkbox"/> pencil	<input type="checkbox"/> pastel	<input type="checkbox"/> gouache	<input type="checkbox"/> charcoals <input type="checkbox"/> watercolour
	<input type="checkbox"/> acrylics	<input type="checkbox"/> oils	<input type="checkbox"/> other	<input type="checkbox"/> don't know yet
Sharing with person	<input type="checkbox"/> allocate a same-sex share		<input type="checkbox"/> no share - single room	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Dietary preferences	<input type="checkbox"/> Normal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Half-board		<input type="checkbox"/> Full-board	
Physical ability	<input type="checkbox"/> Slight	<input type="checkbox"/> Average	<input type="checkbox"/> Good	
<i>Please advise us of any important health issues separately</i>				
▶ 3rd Artist/Guest	First	Surname		
Male/female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age group	<input type="checkbox"/> 18-38	<input type="checkbox"/> 39-55	<input type="checkbox"/> 55+	
Painting skill	<input type="checkbox"/> beginner	<input type="checkbox"/> improver	<input type="checkbox"/> experienced	<input type="checkbox"/> advanced <input type="checkbox"/> non-painter
Preferred medium	<input type="checkbox"/> pencil	<input type="checkbox"/> pastel	<input type="checkbox"/> gouache	<input type="checkbox"/> charcoals <input type="checkbox"/> watercolour
	<input type="checkbox"/> acrylics	<input type="checkbox"/> oils	<input type="checkbox"/> other	<input type="checkbox"/> don't know yet
Sharing with person	<input type="checkbox"/> allocate a same-sex share		<input type="checkbox"/> no share - single room	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Dietary preferences	<input type="checkbox"/> Normal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Half-board		<input type="checkbox"/> Full-board	
Physical ability	<input type="checkbox"/> Slight	<input type="checkbox"/> Average	<input type="checkbox"/> Good	
<i>Please advise us of any important health issues separately</i>				
▶ 4th Artist/Guest	First	Surname		
Male/female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age group	<input type="checkbox"/> 18-38	<input type="checkbox"/> 39-55	<input type="checkbox"/> 55+	
Painting skill	<input type="checkbox"/> beginner	<input type="checkbox"/> improver	<input type="checkbox"/> experienced	<input type="checkbox"/> advanced <input type="checkbox"/> non-painter
Preferred medium	<input type="checkbox"/> pencil	<input type="checkbox"/> pastel	<input type="checkbox"/> gouache	<input type="checkbox"/> charcoals <input type="checkbox"/> watercolour
	<input type="checkbox"/> acrylics	<input type="checkbox"/> oils	<input type="checkbox"/> other	<input type="checkbox"/> don't know yet
Sharing with person	<input type="checkbox"/> allocate a same-sex share		<input type="checkbox"/> no share - single room	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Dietary preferences	<input type="checkbox"/> Normal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Half-board		<input type="checkbox"/> Full-board	
Physical ability	<input type="checkbox"/> Slight	<input type="checkbox"/> Average	<input type="checkbox"/> Good	
<i>Please advise us of any important health issues separately</i>				

Send the completed form with your payment details to **Apartado 370, Mahón 07700, Menorca, Spain**