

VAZON BAY APARTMENTS

RUE DES GODDARDS, CASTEL, GUERNSEY, GY5 7BG
 TEL: 01481 254353 E-MAIL: info@vazonbayapartments.com www.vazonbayapartments.com

TARIFF – 2026

PRICE PER APARTMENT PER WEEK		
PRICES BASED ON 4 PEOPLE	3*** Apartment	4****Apartment
1 January – 22 May	£1050	£1260
23 May – 29 May	£1600	£1920
30 May – 17 July*	£1200	£1440
18 July – 31 August	£1600	£1920
1 September – 19 December	£1050	£1260

Special Offer - 2026 bookings - 10% Off the above prices for 2-person occupancy.

(excluding Bank Holiday Weekend 23– 29 May and High Season 18 July – 31 August)

Christmas bookings will be charged at June rates.

In excess of 4 persons in an apartment a supplement of £210 per person per week applies.

Infants aged under 2 free of charge. Cots and highchairs provided free of charge.

Pets accepted - £150 per pet per week (£21 per night thereafter)

A deposit of 25% is required with all bookings. Balance is due one month prior to arrival.

Payments accepted by Online Bank Transfer (BACS) or Credit/Debit Card.

Please note that payments made are not refundable unless re-letting is achieved and any refunds will be subject to a 10% administration fee.

We strongly recommend that you take out a General Travel Insurance which will cover you against loss for circumstances beyond your control.

Check-in time is 2pm and check-out time is 10am.

Any day changeover and any length stay can be accommodated where available (please note that bookings less than 7 nights will incur a £150 surcharge). Open all year round.

Accommodation is centrally heated outside of the summer season

RESERVATION FORM 2026 VAZON BAY APARTMENTS

How did you hear about our apartments? (tick appropriate box)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Guernsey Tourist Brochure | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Travel Agent | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Magazine Advertising | <input type="checkbox"/> Family visit |
| <input type="checkbox"/> Previous Visit | <input type="checkbox"/> Other |

FOR OFFICE USE ONLY

Charts Data SC Apt No.

Total £ Deposit £ Balance £

Please list full party details in block capitals				Address for all correspondence which will be sent to the first named person who <u>must also sign this Reservation Form.</u>
Title	Christian name	Surname	Age if under 18	
				POSTCODE:
				TEL: (HOME/WORK)
				E-MAIL:
Total Party size:		Infants aged under 2:		Arrival date:
Pets:		Cot and/or highchair required:		Arrival time (if known):
Remarks:				Departure date:
Reason for stay:				
A confirmation email will be sent with payment amount and details once we have received the completed form.				
Signature			Date	

Please note that we are required to maintain a record of this information for a minimum of 2 years in accordance with the Committee for Economic Development.