

Bella Rose Birthing Centre

SHELDON FARM
R538 (PLASTON KARINO RD)
KARINO
MPUMALANGA

PO Box 4040, WHITE RIVER, 1240
TEL: 083 445-0376
FAX: 086 684-9359
Email: enquiries@bellarosebirthing.co.za

CONFIRMATION OF BOOKING

Thank you for your interest in the Bella Rose Birthing Centre. We are here to provide you with a beautiful and memorable birth experience. Please let us know if there is anything more we can do to help you achieve this.

GUESTS

Father

Name: _____

Tel: _____

Cell: _____

Fax: _____

Email: _____

Address: _____

Postal Code _____

Additional Adults

Name: _____

Name: _____

Mother

Name: _____

Tel _____

Cell: _____

Fax: _____

Email _____

Child 1 _____ Age: _____

Child 2 _____ Age: _____

Child 3 _____ Age: _____

Nanny: _____

Name: _____

Name: _____

MEDICAL DETAILS

Doctor: _____

Midwife: _____

ACCOMMODATION

Tariffs – Self Catering

2 Bedroom Cottage – sleeps maximum of 5 – R980 per cottage per night.
10% Discount on accommodation for stays of 10 nights or more.

Dates

Arrive _____ Due Date: _____

Estimated Nights stay after the birth _____

_____ Cottage/s for _____ nights @ R980 per night R _____

ACCOMMODATION TOTAL R _____

BIRTHING FACILITY R 6,000-00

TOTAL R _____

DEPOSIT TO SECURE BOOKING (50%) R _____

If deposit not paid within 14 days of this confirmation, the booking will be cancelled.
OUTSTANDING BALANCE TO BE PAID ON DEPARTURE. Please note we do not accept Credit Cards or cheques. Payment in Cash or EFT only.

Our Banking Details

NAME: FOOD BY REQUEST CC BANK: STANDARD BANK
BRANCH: WHITE RIVER CODE: 053052
ACC NO: 13-271-037-4 TYPE: BUSINESS SAVINGS

DISCLAIMER

Bella Rose can accept no responsibility, at all, for any damage, injury, illness or death caused to or suffered by any person. It is on the strict understanding and acceptance of this disclaimer clause that Bella Rose accepts the admission of the client to its birthing facility.

SIGNATURE: _____

DATE: _____