



BEFORE COMPLETING THIS FORM, PLEASE RING FOR AVAILABILITY

Lead Name Mr/Mrs/Miss First Name* Surname Tel No. () Email	Address Post Code Date of Birth
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2nd Passenger Mr/Mrs/Miss First Name* Surname Tel No. () Email	Pickup address (if different from above) Post Code Date of Birth
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Holiday Reference:	Holiday Title:	Departure Date:	Days Duration:
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Accommodation Requirements
Please use one booking form per bedroom required

Single Bedroom with Private Facilities

Twin Bedroom with Private Facilities

Double Bedroom with Private Facilities

Other

Unguaranteed Requests

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Additional Information
(Wheelchair, Special Diet, etc.)

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Basic Cost £ x = £

Supplements £ x = £

Supplements £ x = £

TOTAL HOLIDAY COST £

Payment required NOW (Total Deposits) £

Insurance/Global Health Insurance Card
All passengers **MUST** have travel insurance if their holiday includes any of the following destinations: Isle of Man, Channel Islands, Isles of Scilly, Ireland or Mainland Europe.
It is a requirement of most travel insurance policies that you have a **Global Health Insurance Card** when travelling in the EU and carry it with you. These can be obtained via the **NHS** website.

Emergency Contact Passenger 1
Name Tel No.

Emergency Contact Passenger 2
Name Tel No.

This booking is accepted on the understanding that the terms and conditions as printed in our current holiday brochure have been read, understood and agreed in full.

Passenger Signature

Date

* As shown on passport

Coach Seating Plan

