Booking Form

Name (of party leader) _____

Address _____

_____

_____

_____

Email _____

Telephone _____

No of Adults _____

No of Children _____

Infant ☐ 2 - 5 ☐ 6 – 10 ☐ 11 – 15 ☐

Please tick as appropriate

Date of Holiday 1 - 2 weeks		Surname	First Name(s)	Address & Telephone No.	Age	Travel Drive/Air	ROOMS Double Bed Family Room Twin Bedded	SPECIAL REQUIREMENTS Cot

Deposit £ 650

Please enclose deposit with booking form. Balance payable within 8 WEEKS of departure

DECLARATION

I have read and agree to the conditions and liabilities and accept the terms and conditions of insurance. I am 18 years or older and declare I am authorised to sign the declaration on behalf of the person(s) named.