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/Veg

Deposit £75 per person
…….people at £……=£
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.