

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

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.

Deposit € 350 the final payment is due 6 days before departure