RESORT:	<b>011111</b>	<u> </u>		L LTD BOO AY DATE:			
HOTEL:				AI DAIL.			
Room Type	Title	Initial	Surnan	ne		Holid	ay Insurance
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
							YES/NO
		<u>'</u>				1	
Disability Requirements:					Coach Seating Preference		
					Chosen Pick up Point		
Outlying Gatesh	ead area fee	der tavi ren	uired @ £11	00 ner nerson s	_  unnlement '	/ES/NO	
Door to door vill		•			• •	YES/NO	
	<u> </u>					· ·	
		Deposit and	d Travel Insi	urance due at t	ime of bookir	ng	
Deposit	-	Insurance	e per persoi	n if required	Per Pers	on	Total Payable
		3	Day Tour	£14.50	£54.5	0	
£40.00 Per person		4	Day Tour		£57.50		
		5/6	Day Tour		£61.0		
		7/8	Day Tour	£22.00	£62.0	0	
	Dat	haila af Tua	ر ما المدرية				
Company	De	talls of Trav	vei insurand	e if you are ar	ranging your o	own	
Company: Policy Number			Em	ergency teleph	one Number		
Tolicy Nulliber	•		LIII	ergency teleph	one Number		
Deale of the			1	<u></u>			
<b>Declaration:</b> I had Conditions and t			•	for each and ev	ery person nam	ed abov	e, the booking
Name:	ile terris or	the fall trac	illig Charter.				
Address:							
Address.				Post C	ode:		
Tel No:				Mobil			
				1410011	<u>.                                    </u>		
Signed:							
Email:							