## **HOLIDAY BOOKING FORM**

Tour Title							
Departure date		Hotel					
Holiday Pri	ce	Deposit: UK £70 Contin	ental £100				
Single Supplement		Balance due		Date due			
Mr/Mrs Ms/Miss	Christian Name	Surname	Sing	le Twin	Double	Triple	
		Please note: Twin room - two beds	Double room - one				
Tel No							
Address							
Tel No							
Deposit	sit Date Paid			IPP Issued			
Balance	ance Date paid						
Any special	requests: Special diet/	vegetarian/rooms etc		Ket	tlery		
				Free English holiday joining points Kettlewell's Yard			
Please specify any disabilities				or Worksop, Harworth, Bawtry,			
				Ranskill, Scrooby, Sutton cum			
All continental holidays start from Kettlewells				Lound, Mattersey, Tuxford, East			
Please state pick up point requested				Markham, Elkesley, Walesby, Ollerton and Edwinstowe			
all seats are al	located in order of booking			Otterton and	a Lawinstowe	•	
Insurance P	assenger Protection sup	oplied by CBL Insurance.					
		y regulations we are unable ake out an insurance policy			nce. Howeve	r we	
Please sign	to confirm that you acc	ept full responsibility for yo	ur own insurance				
	deposit to secure my re arture - No reminders v	eservation and agree to pay vill be sent	the balance of t	he cost no late	er than nine v	weeks	
SIGNEDfor and on behal				f of all persons included on this form			