

Booking Form

Friends of National Museum Wales presents
Nice & the Cote d'Azur
 From 27th October – 1st November 2016

tailored travel
 Inspiring Group Tours

Exactly as shown on your Passport

Exactly as shown on your Passport		Required by Authorities in some countries				Twin/Double/Single Room		I wish to share (Yes/No)		Require Insurance (Yes/No)	
Title	Forenames	Surname	Date of Birth	Passport Number	Nationality	Issue Date	Expiry Date	Place of Issue/Authority			
			DD/MM/YY			DD/MM/YY	DD/MM/YY				
			DD/MM/YY			DD/MM/YY	DD/MM/YY				
			DD/MM/YY			DD/MM/YY	DD/MM/YY				
			DD/MM/YY			DD/MM/YY	DD/MM/YY				

Special Requests & Dietary Requirements

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Address of First Named Person

Address
 Postcode
 Mobile Telephone
 Telephone
 Email

Next of Kin Details

Name
 Relationship (eg son or daughter)
 Telephone Number

Alternative Insurance Details

Insurance Company
 Policy Number
 Telephone Number

FINANCIAL SECURITY
 All flight holidays are protected under ATOL 5605 issued by the Civil Aviation Authority. Come what may your holiday and your money are perfectly safe when you book with Tailored Travel



Payment Details

I enclose Non Refundable Deposit @ £100.00 per person = £
 (Payable immediately)

I enclose Full Amount @ £1,050.00 per person = £
 (Payable by 1st September 2016)

I enclose Single Room Supplement @ £199.00 per person = £
 (Payable by 1st September 2016)

I enclose Insurance @ £36.00 per person = £
 (Upper Age Limit 85 Years Old)
 (Payable immediately)

I enclose All deposit cheques to be made payable to Tailored Travel & returned with completed booking form to Valerie Courage £

Client Declaration

I warrant that I am authorised to make this booking and that I have read, understand and accept for myself and all others named above, the Booking Conditions, and other information set out in any brochure/leaflet relevant to my holiday. I am 18 years old or over (if under 18 years of age, this Booking Form may be signed by your Parent/Guardian)

Signed: Date:/...../.....

For Credit or Debit Card Payments

I Wish to pay by (Please Tick) Credit Card Debit Card

Expiry Date: [][] / [][] / [][][][] Security No: [][][][] [][][][]
 Last 3 digits on Back Strip: [][][]

No Fee for Debit Cards (Maestro/Delta/Connect.)
 There is a Credit/Charge card fee of 2% per transaction.

Name of Card Holder:

I authorise you to deduct the deposit for this holiday now and any outstanding balance eight weeks before departure

Signature of Card Holder:

Valerie Courage

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 t: 02920 484320

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