

SUMMER 2004 BOOKING FORM

Please complete and return this booking form to us signed,
with your payment and insurance premium.

49 The Martlets, Burgess Hill,
West Sussex, RH15 9NJ

RESERVATIONS

Tel: 0870 0130450 Fax: 01444 242454

www.holidayoptions.co.uk email:info@holidayoptions.co.uk

Viewdata: ISTELE - HOP# • Fastrak - HOP



Travel Agents Stamp

ABTA NO:

AGENTS REFERENCE:

BOOKING REFERENCE NO:

1. ADDRESS FOR CORRESPONDENCE

NAME:

ADDRESS:

POST CODE:

TEL DAY:

EVENING:

E-MAIL:

2. NAMES OF ALL PERSONS TRAVELLING (Passport names only)

MR/MRS/MS/MISS	INITIALS	SURNAME	DATE OF BIRTH (IF UNDER 18)	NATIONALITY

3. TRAVEL/HOLIDAY DETAILS

OUT	FROM (UK Airport):	TO (Overseas Airport):						Date:		
RTN	FROM (Overseas Airport):	TO (UK Airport):						Date:		
DESTINATION		HOTEL/ROOM/APARTMENT/TYPE		No. of nights	No. of rooms	Self Catering	Room & b'fast	Half board	Full board	All inclusive

4. FLIGHT ONLY OVERSEAS CONTACT DETAILS

If you have booked on a Flight Only basis please write here an emergency telephone number where we can contact you while you are on holiday

5. INSURANCE

PLEASE ADD INSURANCE

Holiday Insurance is essential. If you are not taking insurance arranged by Holiday Options please provide details of your own cover:

HOLIDAY OPTIONS INSURANCE

YES ☐ NO ☐

DETAILS OF OWN COVER

6. CAR HIRE

Pick-up point:

Date:

Drop off point:

Date:

Car Group:

Driver's name:

NB Drivers must be over 21 (25 in Italy) and hold a full clean driving licence

8. SPECIAL REQUESTS

(Subject to availability - not guaranteed)

9. MARKETING

We will hold your information, where collected by us, and may use it to inform you of future offers or to send you brochures. If you do not wish to receive such offers in the future, please tick this box. ☐

10. DECLARATION

I certify on behalf of the person(s) listed above, by whom I am authorised to make this booking, that I/we have been shown and have read the 'Charter of Fair Trading' together with the relevant holiday information set out in the brochure. I/we agree and accept that the booking will be made upon and subject to all the terms and conditions as printed. I/we accept the conditions of carriage of all owners/operators of aircraft and sea vessels in which I/we shall be carried. I authorise my travel agent (where applicable) to make this booking on my/our behalf.

SIGNED:

DATE:

7. PAYMENT

HOLIDAY COST BREAKDOWN:

ACCOMMODATION/FLIGHTS

£

CAR HIRE

£

INSURANCE (non-refundable)

£

EXTRAS (please specify)

£

TOTAL HOLIDAY COST

£

PAYMENT ENCLOSED

£

DEPOSIT/FULL PAYMENT

BALANCE DUE

£

To confirm a booking, a deposit of £100 per person plus insurance premium (if required) is payable. You may pay by cheque, Switch, Delta or Credit Card* (Access, Mastercard or Visa only).

CREDIT/DEBIT CARD PAYMENTS

AMOUNT £



(please tick relevant box)

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☐

Number

Expiry Date:

Issue Number (Switch):

Cardholder's name:

Cardholder's address:

Post code:

Cardholder's signature