

B O O K I N G F O R M

S T Y L I S H • R E S O R T S

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PERSON BOOKING	
Name: _____	
Address: _____ _____	
Postcode: _____	Tel (mob): _____
Tel (day): _____	(evening): _____
Email: _____	

No. of Passengers	
UK Departure Date	
UK Departure Airport	

A C C O M M O D A T I O N

HOTEL	ROOM TYPE	No. OF NIGHTS	MEAL PLAN

P A S S E N G E R S (including person booking)

TITLE	INITIALS	SURNAME (as shown on passport)	AGE (if under 18 on departure)	INSURANCE REQUIRED	SPECIAL REQUESTS (subject to availability)
				YES/NO	
				YES/NO	
				YES/NO	
				YES/NO	
				YES/NO	
				YES/NO	

I N S U R A N C E T E R M S

We strongly recommend that you take out suitable travel insurance. If you do not have your own insurance you may contact Citybond Suretravel who will be pleased to assist you – please enquire for their contact details.

In the event you do not have insurance, you absolve us, our suppliers and agents of all liabilities that may arise.

Please provide details of your travel insurance policy:

Insurers: _____

Policy No: _____ Emergency Tel: _____

P A Y M E N T

Payment may be made by cheque, bankers draft, bank giro credit, credit card or cash.

No. of Passengers _____

Full cost of Holiday for all passengers _____

Deposit 10% of total Holiday cost (minimum £250pp) _____

Total Amount Enclosed _____

D E C L A R A T I O N

On behalf of all the persons listed on this form, I have read and understand the Booking Conditions and Insurance Terms. I am authorised by them to make this booking. All passengers have a full valid passport and are aware of all visa and health requirements. I am over 18 years of age.



Signature _____

Date _____