

BOOKING FORM

To make a booking call 01293 865000 to confirm availability and reserve a place. Complete and sign the booking form and send with a cheque for the appropriate amount (deposit as per fact file) to the address below. Confirmation of booking will be sent to the main booker. Additional booking forms can be downloaded from our website www.holts.co.uk



TOUR TITLE: _____ **DEPARTURE DATE:** _____

CUSTOMER INFORMATION (1) MAIN BOOKER

Title: **Forenames** (exactly as shown on passport):.....
Surname:..... **Known as Name:**
Address: **Tel No:**
.....
..... **Mobile No:**
..... **Email:**
Postcode: **Date of Birth:**

Room Type (please tick) Single <input type="checkbox"/> Smoking <input type="checkbox"/> Twin <input type="checkbox"/> Sharing with Double <input type="checkbox"/>	Special dietary or other requirements: Special visit requested to:
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Coach Tour Joining Point:
Air Tour Joining Point:
Return if different:
.....

Passport Information
Number:
Issuing Authority:
Date of Issue:
Date of Expiry:
Place of Birth:
Country of Birth:
Nationality:

Insurance Information
Insurance Provider:
Emergency Assist Tel No:
Policy No:
Expiry Date:
You must have adequate insurance for your holiday. This should ideally cover the following: cancellation and curtailment cover up to the cost of the holiday for each member of the party, medical cover with emergency repatriation, loss of luggage, travel delay plus loss of personal items and cash.

Contact name and telephone number in case of emergency whilst on tour:
.....

PAYMENT DETAILS
Method of payment is by cheque or bank transfer in either £ Sterling, Euros or US\$. We no longer offer credit/debit card facilities as the surcharges and other costs have increased significantly over the last few years. Please ring if you require further details. All monies are fully protected by our ATOL and ABTA bonds.
Please make cheques payable to Holts Tours.
Attached is a cheque for the sum of -

DECLARATION - I hereby agree, on behalf of all persons in the travelling party named, to read and abide by the Booking Conditions within this brochure. I accept full responsibility for ensuring that all members of the named travelling party comply with the necessary health, passport, insurance and visa requirements for the proposed trip. Where the booking is for more than one person the person making the booking is solely responsible for the total liability. If this is not the intention then separate booking forms should be completed for each traveller.

Print Name: _____ **Date:** _____
Signature: _____

Holts Tours

Wolvers Home Farm, Ironsbottom, Sidlow, Reigate, Surrey RH2 8QG
Tel : +44 (0)1293 865000 • Fax: +44 (0)1293 863312
Email: info@holts.co.uk • web: www.holts.co.uk

Holts Battlefields and History Tours Ltd
Registered in England No 6814916. Registered office as above.



CUSTOMER INFORMATION (2)

Title:..... Forenames (exactly as shown on passport):.....	
Surname:.....	Known as Name:.....
Address:.....	Tel No:.....
.....
.....	Mobile No:
.....	Email:
Postcode:.....	Date of Birth:.....
Room Type (please tick)	Special dietary or other requirements:
Single <input type="checkbox"/> Smoking <input type="checkbox"/>
Twin <input type="checkbox"/> Sharing with
Double <input type="checkbox"/>	Special visit requested to:

Coach Tour Joining Point:

Air Tour Joining Point:

Return if different:

Passport Information	Insurance Information
Number:	Insurance Provider:
Issuing Authority:	Emergency Assist Tel No:
Date of Issue:	Policy No:
Date of Expiry:	Expiry Date:.....
Place of Birth:	You must have adequate insurance for your holiday. This should ideally cover the following: cancellation and curtailment cover up to the cost of the holiday for each member of the party, medical cover with emergency repatriation, loss of luggage, travel delay plus loss of personal items and cash.
Country of Birth:	
Nationality:	

Contact name and telephone number in case of emergency whilst on tour:

CUSTOMER INFORMATION (3)

Title:..... Forenames (exactly as shown on passport):.....	
Surname:.....	Known as Name:.....
Address:.....	Tel No:.....
.....
.....	Mobile No:
.....	Email:
Postcode:.....	Date of Birth:.....
Room Type (please tick)	Special dietary or other requirements:
Single <input type="checkbox"/> Smoking <input type="checkbox"/>
Twin <input type="checkbox"/> Sharing with
Double <input type="checkbox"/>	Special visit requested to:

Coach Tour Joining Point:

Air Tour Joining Point:

Return if different:

Passport Information	Insurance Information
Number:	Insurance Provider:
Issuing Authority:	Emergency Assist Tel No:
Date of Issue:	Policy No:
Date of Expiry:	Expiry Date:.....
Place of Birth:	You must have adequate insurance for your holiday. This should ideally cover the following: cancellation and curtailment cover up to the cost of the holiday for each member of the party, medical cover with emergency repatriation, loss of luggage, travel delay plus loss of personal items and cash.
Country of Birth:	
Nationality:	

Contact name and telephone number in case of emergency whilst on tour: