

HOLIDAY BOOKING FORM & CONFIRMATION

Please complete this booking form and return it to the I. Travel office SIGNED. Thank you very much.

NAME AND ADDRESS OF PERSON MAKING THE BOOKING

FULL NAME Mr / Mrs / Miss / Ms

FULL ADDRESS

E-MAIL:

FAX:

TEL: H:

W:

MOB:

TYPE OF HOLIDAY

TYPE OF ACCOMMODATION

TRAVEL DETAILS

VEHICLE DETAILS

Departure Date	Departure Time	Return Date	Return Time	Make Model	Reg	Height	Length
				Roof Box	Bike Rack		

NAMES OF ALL PERSONS TRAVELLING

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

SPECIAL REQUESTS/ NOTES

PLEASE SIGN IF YOU WISH TO DECLINE THE TRAVEL INSURANCE OFFERED

THE PRICE OF YOUR HOLIDAY & PAYMENT

PRICE OF PACKAGE	TOTAL DUE
INSURANCE	DEPOSIT REQUIRED

Please note that payments can be made by cheque made payable to Independent Travel Ltd, Cash, Debit card or Credit Card. Credit card transactions incur a charge of 2.9%.

For card payment, we require the card type & number, start & expiry date, issue & security number & card holder's name.

I, the undersigned, am over 18 years of age and authorised by the party detailed above to make the booking on their behalf. I have read and understood and accept the booking conditions. **I understand that deposits are NON REFUNDABLE.**

Signature & Date



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