

BEFORE COMPLETING THIS FORM, PLEASE RING FOR AVAILABILITY

Lead Name Mr/Mrs/Miss	First Name*	Address
Tel No. ()		Post Code Date of Birth

2nd Passenger Mr/Mrs/Miss	First Name*	Address (if different from above)
Tel No. ()		Post Code Date of Birth

Holiday Reference:	Holiday Title:	Departure Date:	Days Duration:
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Accommodation Requirements
Please use one booking form per bedroom required

Single Bedroom with Private Facilities

Twin Bedroom with Private Facilities

Double Bedroom with Private Facilities

Triple Bedroom with Private Facilities

Other

Unguaranteed Requests

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Additional Information†
(Wheelchair, Special Diet, etc.)
†If you require airport assistance, please notify us immediately

Basic Cost £..... x..... = £.....

Supplements £..... x..... = £.....

Supplements £..... x..... = £.....

Insurance £..... x..... = £.....

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Emergency Contact Passenger 1
Name..... Tel No.

TOTAL HOLIDAY COST £.....

Emergency Contact Passenger 2
Name..... Tel No.

Payment required NOW £.....
(Total Deposits + Total Insurance)

This booking is accepted on the understanding that the terms and conditions as printed in our current holiday brochure have been read, understood and agreed in full.

If not taking Woods Insurance, please specify the name of the alternative Insurance Company

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Passenger Signature

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Payment Details:
Cheque made payable to **WOODS** enclosed to the value £.....

We are able to accept **DEBIT/CREDIT CARD** payments.
If you have a card with one of the following symbols you may pay for your holiday/deposit by filling in the details below as an alternative to sending us a cheque:
N.B. **CREDIT CARD** payments are subject to a 2% charge.

Date

Coach Seating Plan

Debit/Credit Card Details:

Card Number:

Issue Number (Switch): Expiry Date:

Start Date:

Name of Account

* As shown on passport

Signature Date