

BOOKING FORM

Tour name:

Personal Details

Title:

Surname:

(as on passport)

First Names:

on passport)

Date of Birth:

Street Address:

Town/City:

Postal Code:

Country:

Day Telephone:

Evening Telephone:

Email:

Please list any optional extras:

Accompanying Adult Details

Title:

Surname:

(as on passport)

First Names:

(as on passport)

Date of Birth:

Street Address:

Town/City:

Postal Code:

Country:

Day Telephone:

Evening Telephone:

Email:

Single room supplement

Travel Insurance Policy Number:

Travel Insurance Policy Number:

Deposit for : (please state)

A £200 non refundable deposit per person is due at the time of booking, the final balance is payable 8 weeks before departure.

A confirmation invoice will be sent as soon as possible. Tickets and itineraries are dispatched 10 - 12 days prior to departure. Once confirmed and invoiced, any changes will occur an administration fee. Any payments made by credit card will incur a 2% surcharge. Please see our full terms and conditions available on our website.

I have read the terms and conditions and agree that its contents shall form the basis of my contract

Please ensure your travel insurance is up to date at time of travel

Payment by cheque:

Please make cheques payable to
 Luxury Leisure Ventures Ltd

Payment by BACS:

Account name: Luxury leisure Ventures Limited
Account number: 50149800
Sort code: 18 - 00 - 02
Reference: Please use own name

Payment by credit card:

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|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| <p>I wish to pay by Visa / Mastercard. Please charge the following amount to my card account</p> | | | | | | | | | | | | | <p>£ <input type="text"/></p> | | |
| Credit card number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature : | | | | | | | | | | | | | | | |
| Expiry Date : | | | | | | | | | | | | | | | |

Please return to Nimax House • 20 Ullswater Crescent • Coulsdon • Surrey • CR5 2HR
or fax us on: : F: + 44 (0) 845 460 5001