

CHRIS COOPER TRAVEL BOOKING FORM For 2011				
RESORT:			HOLIDAY DATE:	
HOTEL:				
ROOM TYPE	TITLE	INITIAL	SURNAME:	HOLIDAY INSURANCE DELETE IF NOT REQD
				YES
				YES
				YES
				YES
				YES
				YES

SPECIAL DISABILITY REQUIREMENT DETAILS		COACH SEATING PREFERENCE	
HOLIDAY INSURANCE. IF ARRANGING OWN GIVE DETAILS OF ALTERNATIVE COVER:			
INSURER'S NAME:			
TELEPHONE NUMBER:			
POLICY NUMBER:			

Outlying Gtshd area feeder required @ <b>£5.00</b> per person supplement Yes/No			
DEPOSIT AND INSURANCE DUE AT TIME OF BOOKING			
DEPOSIT PER PERSON	INSURANCE	TOTAL	TOTAL AMOUNT DUE
<b>£30.00</b>	3 day tour <b>£11.50</b>	<b>£41.50</b>	x =
	4 day tour <b>£13.00</b>	<b>£43.00</b>	x =
	5 day tour <b>£14.50</b>	<b>£44.50</b>	x =
	8 day tour <b>£17.00</b>	<b>£47.00</b>	x =
	Excess Waiver	<b>£ 5.00</b>	x
<b>DECLARATION:-</b> I have read and understood and accept for each person named above, the booking conditions and the terms of the fair trading charter.			
NAME:			
ADDRESS:			
TELEPHONE NO:			
SIGNED:	DATE:		
Join our email mailing list to receive details of extra holidays & special offers			
Your email:			

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