

CHRIS COOPER TRAVEL BOOKING FORM For 2012				
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 @ £5.00 per person supplement Yes/No			
DEPOSIT AND INSURANCE DUE AT TIME OF BOOKING			
DEPOSIT PER PERSON	INSURANCE	TOTAL	TOTAL AMOUNT DUE
£30.00	3 day tour £12.50	£42.50	x =
	4 day tour £14.50	£44.50	x =
	5/6 day tour £16.70	£46.70	x =
	7/8 day tour £19.00	£49.00	x =
	Excess Waiver	£ 5.50	x
DECLARATION:- 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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