

# MERCHANTS COACHES

61 Clarence Street, Cheltenham, GL50 3LB

Tel: 01242 257714 Fax: 01242 251360 Email: info@marchants-coaches.com www.marchants-coaches.com

## HOLIDAY BOOKING FORM

Title	Initials	Surname	Child Ages	Room Type (Bracket Together if Sharing)	Seat No	Departure Point	Insurance Policy No:

**Departure Date:** \_\_\_\_\_

**Tour Name or Destination:** \_\_\_\_\_

**IMPORTANT NOTE** If you are travelling outside the UK you must provide details of your alternative insurers in the space provided below. We are unable to accept any booking for holidays outside the UK if you do not have adequate insurance cover.

**MY INSURANCE IS PROVIDED BY**.....

**Special Requests** for diets, low floor, carriage of wheelchairs, any physical disabilities etc. **MUST** be notified to us at the time of booking. A few of our featured hotels do not have lifts and therefore may not be suitable for persons who have mobility difficulties. **We cannot accept any booking conditional on guaranteeing your request. Please write your request below.**

**Address of Lead Name**

\_\_\_\_\_

Post Code \_\_\_\_\_ Day Time Tel No \_\_\_\_\_ Evening Tel No \_\_\_\_\_

On behalf of all persons named above, I have read and agree to the terms and conditions set out on the reverse.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I enclose \_\_\_ Deposit(s) at £35.00 per person = £  
 I enclose \_\_\_ Full Payment(s) at £ per person = £ **TOTAL £**

Payment by credit/debit card: Card Type (Visa-Access-Switch etc)										Security Card No: _ _ _		Amount £	
Card No.											Valid From: /	Exp: /	Switch Card Issue No.
Name as shown on card:										Signature:		NB TICK HERE If you prefer we telephone you for card details <input type="checkbox"/>	

<b>Office use only</b>							
<b>PPI No:</b>		<b>DOI</b>		<b>Deposit Rcpt No:</b>		<b>PBS Ref</b>	