

TOUR DESTINATION .....DEPARTURE DATE .....

PASSENGER DETAILS – All correspondence will be sent to the first-named passenger.

Please tick if you wish to receive your confirmation and insurance documents by Email.

PLEASE ENTER EMAIL ADDRESS:

Mr Mrs Miss	Surname	First names (as printed on your passport)	Address	Phone No.	Seat
1					
2					
3					

DATE OF BIRTH OF EACH PASSENGER:

1..... 2..... 3.....

PICK-UP POINT.....

It is essential for all travellers to nominate someone whom we may contact in the event of an accident or illness during your holiday.

NAME .....TELEPHONE NO. ....

TYPE OF ROOM(S) REQUIRED (i.e. Single, Double, Twin, 3-bedded)

Room	Name(s) of Occupant(s)
_____	_____
_____	_____
_____	_____

Please note that some types of room may be limited on certain tours.  
Every effort will be made to comply with your requests although they cannot be guaranteed.

SPECIAL REQUESTS (e.g. special diet, access problems, etc) .....

I/We enclose a deposit of **£60.00 per person** for coach holidays (full payment if booking is made within 8 weeks of departure).  
For air tours the deposit amount required will be £100 per person.

I/We enclose insurance premium/s of £.....per person. Total amount enclosed £.....

**Please make all cheques payable to Fenn Holidays Ltd**

Name of Insurer .....Insurance Company Tel. No.....

Policy Number.....

Please debit my VISA/MASTERCARD account for the amount shown.				Amount .....	
CARD No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date .....
Name on Card (please print)				Security Code .....	(last three digits on signature strip)

**IT IS A CONDITION OF TRAVEL THAT YOU COMPLETE AND SIGN THIS BOOKING FORM.**

**I have read and understand and accept for myself and on behalf of all others named the terms and conditions of Fenn Holidays Ltd.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

We look forward to the pleasure of your company on our holidays.