

BOOKING FORM

TOUR DATE _____

Lead Passenger - to which all correspondence to be sent

Title _____ Name (incl. Full Christian Name/s) _____

Address _____

Postcode _____

Telephone Number _____ Emergency Contact _____

To be completed for each person travelling

Title	Name (inc. Full Christian Name/s)	Address & Postcode	D.O.B. Euro trips only	Special Requests (not guaranteed)

Coaching Seat Preference (based on 1st come 1st serve)	Pick Up Point (please check list of our pick ups)	Room Type/s Twin/double/family/single

Deposits

£40.00 per person General UK & European 2 - 5 day breaks

£50.00 per person all cruise tours

£20.00/£25.00 per person for all Theatre day trips or anything with included (seat) tickets (non refundable)

Payment Details	Number of persons	Cost	Total Cost

Deposit/Full Balance* _____ @ _____ £ _____:_____

(*if paying less than 6 weeks prior)

Total enclosed £ _____:_____

Please make cheques payable: SKEGNESS TRAVEL

VISA/VISA DEBIT/MASTERCARD/SWITCH accepted -

Please note an administration cost of: 0.35p for debit cards and 3% for Visa/Mastercards will be added

Card Number _____ Expiry Date _____ Issue No _____

Exact Name on Card _____ Cardholders Signature _____

I hereby accept the booking conditions laid down in the Skegness Travel brochure and declare to the best of my knowledge that no material information, in respect of the above members of my party, has been withheld. (Please see reverse for booking conditions)

Signature _____ Date _____

Please return all completed booking forms to:

SKEGNESS TRAVEL,
38 Roman Bank,
SKEGNESS,
Lincolnshire, PE25 2SJ