



BEFORE COMPLETING THIS FORM, PLEASE RING FOR AVAILABILITY

Lead Name Mr/Mrs/Miss First Name* Surname Tel No. () Email	Address Post Code Date of Birth
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2nd Passenger Mr/Mrs/Miss First Name* Surname Tel No. () Email	Address (if different from above) Post Code Date of Birth
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Holiday Reference:	Holiday Title:	Departure Date:	Days Duration:
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Accommodation Requirements
Please use one booking form per bedroom required

Single Bedroom with Private Facilities

Twin Bedroom with Private Facilities

Double Bedroom with Private Facilities

Other

Unguaranteed Requests

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Additional Information
(Wheelchair, Special Diet, etc.)

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Basic Cost £ x = £

Supplements £ x = £

Supplements £ x = £

Insurance** £ x = £

TOTAL HOLIDAY COST £

Payment required NOW £

(Total Deposits + Total Insurance**)

Woods Travel Limited is an appointed representative of Wrightsure Services (Hampshire) Limited which is authorised and regulated by the Financial Conduct Authority (their registration number is 311394) and which is permitted to advise on and arrange general insurance contracts.

If not taking Insurance provided by Woods Travel Limited, please specify the name of the alternative Insurance Company

Payment Details:
Cheque made payable to **WOODS** enclosed to the value £

Emergency Contact Passenger 1

Name Tel No.

Emergency Contact Passenger 2

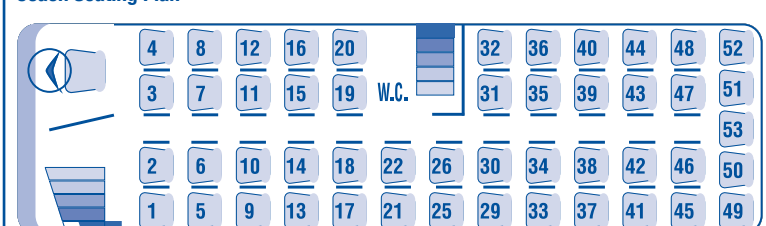
Name Tel No.

This booking is accepted on the understanding that the terms and conditions as printed in our current holiday brochure have been read, understood and agreed in full.

Passenger Signature

Date

Coach Seating Plan



* As shown on passport

** Inclusive of IPT