

HOLIDAY BOOKING FORM

TITLE	INITIAL	SURNAME	INSURANCE REQUIRED	ROOM TYPE	SPECIAL REQUIREMENTS

DEPARTURE DATE:	DESTINATION:
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HAVE YOU GOT YOUR OWN INSURANCE **YES** **NO**
If yes, to own Insurance; what is the name of your Insurance Company? -

NAME OF NEXT OF KIN: _____ **CONTACT TELEPHONE NO:** _____

Address to which correspondence should be sent (Must be the Cardholders address if Booking by Credit Card)	
Postcode	Tel No
Pickup point required	

I have read the Booking conditions and agree to abide by them (see over) - I enclose my/our **Deposit** - £25.00 Per Person (which is non-refundable) + Insurance (If required)
Total Value £

I enclose my/our **Full Payment** + Insurance (if required)
Total Value £

Signed on Behalf of all Party Members _____

If booking 6 weeks or less prior to departure date, full payment is required

I wish to pay by:

Access/Eurocard/MasterCard/Visa/Delta

I authorise you to debit my account with the amount of £ _____

My Card No is

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Expiry date:

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 Valid from date

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Security No -

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 (Last 3 numbers on reverse of card)

Issue Number (if applicable): -

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Name (as on Card)

Cardholder's address

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SignatureTelephone

**Please forward to: -
Wicksons Holidays
Coppice Road
Brownhills
Walsall
WS8 7DG
01543 372247**