

Success Name Ref:

## **BOOKING FORM**

PLEASE COMPLETE IN BLOCK CAPITALS 01225 764205

Success Tours Ltd. Oak House, Epsom Square, White Horse Business Park, Trowbridge, BA14 0XG

GROUP NAME		TOUR NAME		TRAVEL DATES		TOUR CODE	
SECTI	ON 2 - TOUR COST -	PRICE PER PERSON					
	TOUR PRICE					TRAVEL INSURANCE	
FCTI	ON 3 - DETAILS OF A	ALL PASSENGERS TRAVE	I I ING -	NAMES AS PER P	<b>ASSPORT</b>		
	ENGER ONE	CEET NOOENOENOENOE	LLIIVO	NAMES ASTERT	AJJI OILI		
TITLE	FORENAME	SURNAME		ROOM TYPE		EMAIL ADDRESS	
TE	LEPHONE NUMBER	MOBILE NUMBER	SPECI	AL REQUESTS (E.G. I	DIETARY AND	OR MOBILITY REQUIREMENTS	
		Δ	DDRESS				
		/Al	DUNESS				
	ENGER TWO						
TITLE	FORENAME	SURNAME		ROOM TYPE		EMAIL ADDRESS	
TE	LEPHONE NUMBER	MOBILE NUMBER	SPECI	AL REQUESTS (E.G. I	L Dietary and	OR MOBILITY REQUIREMENTS	
		Al	DDRESS				
ирог	RTANT TRAVEL INSU	JRANCE INFORMATION					
		as an optional extra and provi	-	avel & General via S	Success Tour	rs.	
	•	(including day of return) app			1 . 11	1. 6	
	•	ceipt of insurance payment, in as with your own insurance co		•	•	oking form.	
	, ,	·					
ECTIO	JN 4- DEPOSIT & IN	SURANCE PAYMENT PRICE PER PERSON		QUANTITY		TOTAL	
	DEPOSIT		х				
	INSURANCE		Х				
AVA40	ENT METHODS - DIF	ASE SELECT ONE OF THE FOI	LOWING	AMOUNT PAYABL	.E		
ATIVIL	ENT METHOD3 - PLE	ASE SELECT ONE OF THE FOI	LOWING				
Cl		alue of: £ N		·			
M							
	Make a bank transfer to the value of: £ Using payment reference: Sort Code: 30 95 37						
	ease state payee name i	f differs from passenger one c					
Tr		ard please call 01225 764205 a	nd note ti	ne following detail	s		
	(Please note that a 0.95% credit card handling fee will apply to all credit card transactions)						

Amount Paid:

\_\_\_\_ Date of Payment: \_\_\_\_\_

SECTION 5 - PASSPORT DETAILS - MANDATORY FOR FLIGHT & OVERSEAS TOURS ONLY									
• PASSENGER ONE									
DATE OF BIRTH	PASSPORT NO.	NATIONALITY							
DATE OF ISSUE	DATE OF EXPIRY	COUNTRY OF ISSUE							
• PASSENGERTWO									
DATE OF BIRTH	PASSPORT NO.	NATIONALITY							
DATE OF ISSUE	DATE OF EXPIRY	COUNTRY OF ISSUE							

## SECTION 6 - TRAVEL INSURANCE - MANDATORY FOR OVERSEAS TOURS - RECOMMENDED FOR UK TOURS - PASSENGER ONE INSURANCE PROVIDER (IF NOT TAKING SUCCESS TOURS COVER) POLICY NO. PASSENGER TWO INSURANCE PROVIDER (IF NOT TAKING SUCCESS TOURS COVER) POLICY NO. 24HR EMERGENCY ASSISTANCE COMPANY & TEL NO. (FOUND ON POLICY) 24HR EMERGENCY ASSISTANCE COMPANY & TEL NO. (FOUND ON POLICY)

SECTION 7 - EMERGENCY CONTACT DETAILS - MANDATORY FOR ALL TOURS								
• PASSENGER ONE								
YOUR UK DOCTOR'S NAME		UK DOCTOR'S TEL NO.						
UK DOCTOR'S ADDRESS								
NAME (FRIEND OR RELATIVE IN THE UK NOT TRAVELLING WITH YOU)	RELATIO	ONSHIP	TELEPHONE NUMBER					
MOBILE NUMBER		EMAIL ADDRESS						
• PASSENGER TWO								
YOUR UK DOCTOR'S NAME		UK DOCTOR'S TEL NO.						
UK DOCTOR'S ADDRESS								
NAME (FRIEND OR RELATIVE IN THE UK NOT TRAVELLING WITH YOU)	RELATIO	ONSHIP	TELEPHONE NUMBER					
MOBILE NUMBER		EMAIL ADDRESS						

## **SECTION 9 - SEND COMPLETED FORM TO**

## **SECTION 10**

BY COMPLETING THIS FORM YOU CONFIRM TO AGREE TO THE TERMS AND CONDITIONS OF SUCCESS TOURS LTD. FOR

A COPY OF OUR TERMS AND CONDITIONS PLEASE REFER TO: WWW.SUCCESSTOURS.COM