

BOOKING FORM

PLEASE USE BLOCK CAPITALS THROUGHOUT

SEND COMPLETED BOOKING FORM TO:



ON COURSE TRAVEL LTD
PARKLANDS HOUSE, 4 PARKLANDS,
GREAT BOOKHAM, SURREY KT23 3NB
RESERVATIONS & ENQUIRIES: 01372 451910
E-MAIL: hols@ireland-oucourse.co.uk
www.ireland-oucourse.co.uk



GOLF - PRE-BOOKED Conditions apply (Attach a separate sheet if necessary)

Golf Course _____
No in Party _____ Date(s) _____

HORSE RACING - PRE-BOOKED (Attach a separate sheet if necessary)

Racecourse / Festival _____
No in Party _____ Date(s) _____

ADDITIONAL PASSENGER DETAILS (For groups please list on separate sheet)

Title _____ First name⁺ _____
Surname _____
DOB (For insurance) _____ Insurance Yes / No _____
Emergency UK Contact No / Name _____

Title _____ First name⁺ _____
Surname _____
DOB (For insurance) _____ Insurance Yes / No _____
Emergency UK Contact No / Name _____

Title _____ First name⁺ _____
Surname _____
DOB (For insurance) _____ Insurance Yes / No _____
Emergency UK Contact No / Name _____

+Names must match photo ID

PERSONAL TRAVEL INSURANCE

In your own interest, it is a condition of booking that all members of your party have adequate travel insurance cover. Please ask for details of the cover we can arrange. Cover will commence once payment of the premium has been received. If you do not require cover, please detail below your alternative arrangement.

Name of Insurer _____
Policy No _____
24 hours Medical Emergency Tel No _____

PLEASE REMIT AS FOLLOWS: If booking more than six weeks before departure a deposit of £150.00 per person (or full cost of air ticket and £75.00 per person). When booking within six weeks of departure please forward the full amount. PLEASE MAKE CHEQUE PAYABLE TO: ON COURSE TRAVEL LTD. To pay by credit/debit card: MASTERCARD / VISA / DELTA / MAESTRO

I authorise you to charge *£ _____ to my
MASTERCARD VISA DELTA MAESTRO

Cardholder's Name _____
Address (to which card is issued) _____

Post Code _____
Card No.
Security No. Start Date Expiry Date
Signature _____

*(BEING A DEPOSIT / FULL HOLIDAY / PART HOLIDAY COST - delete as appropriate)

The deposit will be deducted from the total holiday cost which must be paid six weeks before departure.

PLEASE NOTE: Payments for balances made by Credit Card are subject to a 2% handling charge.

SIGNATURE (Party Leader) Please read booking conditions and general information before signing. On behalf of the above named persons, I accept the Booking Conditions and other details in this brochure and agree to be bound by them.

Signed _____ Date _____

Lead Name Title _____ Surname _____

First name⁺ _____

Address _____
Post Code _____

Telephone Daytime _____ Evening _____

Email _____

We may send you programme up-dates. Please tick here if you do not wish to receive them.

DOB (For insurance) _____ Insurance Yes / No _____

Emergency Contact No./Name _____

TRAVEL ARRANGEMENTS Air/Sea travel details

CARRIER: _____

OUT RETURN

From _____ From _____

To _____ To _____

Day _____ Day _____

Date _____ Date _____

Dep.Time _____ Dep.Time _____

Flight Nos. _____ Flight Nos. _____

CAR DETAILS

Reg No. _____ Height _____

Make _____

ACCOMMODATION

(Your selection will be discussed prior to completion of booking form)

Hotel Guest House B&B Cruising / Self-Catering

Name of property _____ No. of Nights _____

Single Double / Twin Triple Family

CAR RENTAL DETAILS

To be completed by driver. Age limits 23 – 75*

Name _____

Address _____

Post Code _____

Car Type / Group _____ Licence Endorsements Yes / No _____

PICK UP:

Date _____ Fit. No _____ Approx Time _____

DROP OFF:

Date _____ Fit. No _____ Approx Time _____

*see page 11 for Age Restrictions.

RESERVATIONS: 01372 451 910

ON COURSE TRAVEL