

# 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(s) \_\_\_\_\_  
\_\_\_\_\_  
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<sup>+</sup> \_\_\_\_\_  
Surname \_\_\_\_\_  
Emergency UK Contact No / Name \_\_\_\_\_  
Title \_\_\_\_\_ First name<sup>+</sup> \_\_\_\_\_  
Surname \_\_\_\_\_  
Emergency UK Contact No / Name \_\_\_\_\_  
Title \_\_\_\_\_ First name<sup>+</sup> \_\_\_\_\_  
Surname \_\_\_\_\_  
Emergency UK Contact No / Name \_\_\_\_\_

+Names must match photo ID

PLEASE REMIT AS FOLLOWS: If booking more than six weeks before departure a deposit of £200.00 per person (or full cost of air ticket and £100.00 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 3% 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 and agree to be bound by them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Lead Name Title \_\_\_\_\_ Surname \_\_\_\_\_

First name<sup>+</sup> \_\_\_\_\_

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.

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 \_\_\_\_\_ Box Top Yes / No \_\_\_\_\_

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 Terms and Conditions apply

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 \_\_\_\_\_