

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

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.

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 _____

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⁺ _____

Surname _____

Emergency UK Contact No / Name _____

Title _____ First name⁺ _____

Surname _____

Emergency UK Contact No / Name _____

Title _____ First name⁺ _____

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 £250.00 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 _____