

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 25 – 75. (Over 75 permitted to drive subject to conditions.)

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 non-refundable deposit of £300.00 (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 / VISA DEBIT / MAESTRO

I authorise you to charge *£ _____ to my

MASTERCARD VISA VISA DEBIT 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.

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 _____