

HOLIDAY BOOKING FORM

**TO SECURE YOUR HOLIDAY THIS FORM MUST BE COMPLETED IN FULL
AND RETURNED WITHIN 7 DAYS OF MAKING YOUR PROVISIONAL RESERVATION.**

Holiday title:.....

Departure date:

Hotel room requirements (please circle): DOUBLE TWIN SINGLE

Name:

Address:

.....

..... Postcode:.....

Tel No:

Mobile No:

Email:.....

Emergency contact name:

Emergency contact Tel No:

Deposit/full amount enclosed or paid direct: £

(£50.00 deposit per person)

Name of Insurance Company:.....

Policy No:

Insurance Company emergency Tel No:

Any other information? (wheelchair/ rollator, diet, walk in shower, low floor etc):.....

.....

.....

Seat Number:

Signature:Date:.....

Please forward your deposit/full amount by cheque with this booking form to the below address or contact the office if you wish to make a debit card/direct payment. Please make cheques payable to: EMJAY TOURS LTD.
The Office, 111 London Road, Newark, Nottinghamshire, NG24 1SR

EMJAY
TOURS Ltd