Your 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 tick):		O DOUBLE	O DOUBLE O TWIN		O SINGLE	
Please note that the availab single room requested may		-		_	_	
Full names of all passenge	ers travelling:					
PASSPORT DETAILS						
Please provide the followin old is required for all our Ed possession when boarding	g details if you are trave uropean holidays (signe	d and valid for at least 6		•	_	
Surname	Forename	Date of birth	Nationality	Passport number	Passport expiry date	
YOUR DETAILS						
Address:						
		Postco	ode:			
Telephone:	Mobile:					
Email:						
Emergency contact name:	:	Emerg	gency contact tele	phone:		
Please nominate someone	e and state their relatio	nship to you, whom we	may contact in the	e event of an acciden	t or illness:	
Deposit/full amount enclo	sed or paid direct: £	NON	REFUNDABLE £5	0.00 deposit per pers	son	
TRAVEL INSURANC	Œ					
Travel Insurance is compuls our UK holidays it is strong personal injury, loss of lugg provided if travelling on on	sory on all Emjay Tours E ly recommended, we ac gage, cancellation charg	dvise customers to take o es and COVID. Please pi	out a Travel Insuran	ce to cover medical a	nd repatriation costs,	
Insurance Company:	surance Company: Policy number:					
Insurance Company emer	gency telephone:					
ANY OTHER INFOR						
Preferred seat number: (p	lease note that this is o	on a first come first serv	ed basis):			
SIGNATURE:			DAT	'E:		
Please tick the following:	Receive your confirm	nation by email \(\) Happ	y to remain on our	mailing list \(\) To join	our mailing list	

