

Your Holiday Booking Form

To secure your holiday, this form must be completed in full and returned within 7 days of making your reservation.

HOLIDAY TITLE:

DEPARTURE DATE:

PASSENGER DETAILS Please provide **full names** of all passengers travelling.

Title	Surname	Forename	Address	Phone Number
Email Address				
Title	Surname	Forename	Address	Phone Number
Email Address				

Emergency contact name:

Emergency contact telephone:

ROOM DETAILS

Please note that the availability of some types of room may be limited on certain tours, once our allocation of single rooms is used any further single room requested may incur a supplement, we will advise you at the time of booking. Room allocation is at the discretion of the hotel. Every effort will be made to comply with your requirements although they cannot be guaranteed.

Type of Room: Double / Twin / Single	Requirements
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PREFERRED SEAT NUMBER: (please note that this is on a first come first served basis):

NON-REFUNDABLE DEPOSIT PAID:

PASSPORT DETAILS

Please provide your passport details if you are travelling on one European Holidays. A valid British Passport, less than 10 years old from the issue date is required for all our European holidays (signed and valid for at least 6 months after the return of your holiday) and must be in your possession when boarding the coach at your pick-up point. **If you are travelling to Ireland, photographic ID is required** (passport/driving licence or Bus Pass).

Surname	Forename	Date of birth	Nationality	Passport number	Passport issue date	Passport expiry date

TRAVEL INSURANCE

Travel Insurance is compulsory on all Emjay Tours European holidays (including the Republic of Ireland). Although not compulsory on our UK holidays it is strongly recommended, we advise customers to take out a travel insurance to cover medical and repatriation costs, personal injury, loss of luggage, cancellation charges and COVID. Please provide details of your Travel Insurance below, this must be provided if travelling on one of our European holidays.

Insurance Company:

Policy number:

Insurance Company emergency telephone:

ANY OTHER INFORMATION? (wheelchair/ rollator, diet, low floor etc):

SIGNATURE:

DATE:

Please tick the following: Receive your confirmation by email Happy to remain on our mailing list To join our mailing list

Emjay Tours Ltd. 26 - 28 Brisbane Court, Balderton, Newark, Notts NG24 3PS

Tel: 01636 684036 / 07776 051719 • Email: emjaytours@icloud.com • www.emjaytours.co.uk

