

BOOKING FORM



Please return the completed form to TOFF's Carlie Newman, 5 Straffan Lodge, Belsize Grove, London NW3 4XE.
If you have any enquiries please telephone 020 7586 6440 or +44 (0) 797 393 2665

BOOKING NAME ARGENTINA, (BRAZIL) & URUGUAY

PERSONAL DETAILS - 1st TRAVELLER - All information supplied MUST be exactly as shown on your passport.

Title First Name Surname
Address
Postcode Tel No. Mobile No.
Email
Date of Birth Nationality
Passport Number Expiry Date (dd/mm/yy)

PERSONAL DETAILS - 2nd TRAVELLER - All information supplied MUST be exactly as shown on your passport.

Title First Name Surname
Address
Postcode Tel No. Mobile No.
Email
Date of Birth Nationality
Passport Number (Non-UK bookings only) Expiry Date (dd/mm/yy)
(We will only contact you in relation to your booking and no other purpose).

HOLIDAY DETAILS - Tour Name ARGENTINA, (BRAZIL) & URUGUAY

Departure Date 02 MARCH 2016 Departure Airport LONDON HEATHROW Destination ARGENTINA

ACCOMMODATION - Please indicate number of rooms and type required.

Single Twin/Double Other (please specify)

SPECIAL REQUESTS - Please note, that whilst Greatdays Holidays will do everything possible to assist with customer special requests by passing these onto the relevant suppliers, we cannot guarantee these requests will always be accommodated.

Special Meal Requests (please specify)
Room Requests (please specify)
Other (please specify)

TRAVEL INSURANCE - Greatdays Holidays strongly recommends travel insurance to all customers as it is essential that each individual passenger is adequately covered before and during travel. Please ask for further details on our travel insurance.

The lead person on the booking, as detailed above must sign the following: all those persons named above are arranging travel insurance. It is understood and agreed that Greatdays Holidays will not be held responsible for, and indemnifies against, any costs incurred by failure to take out adequate travel insurance cover.
If you wish to take out Travel Insurance with Greatdays, please contact us for an Application Form.

Full Name Signature Date

Alternative Travel Insurance Details

	Insurance Company	Policy Number	24 hour Emergency Number
1			
2			

EMERGENCY CONTACT - Please provide details of the person who you would like us to contact in case of an emergency and who will NOT be travelling with you.

Title First Name Surname
Address Postcode
Tel No. Mobile No. Email
(We will only contact you in relation to your booking and no other purpose)

Please sign and date this booking form before returning to TOFF's, once you have read the following: I agree on behalf of the person(s) on this booking from that I/we have read, understood and accepted the Booking Conditions. I understand the price is subject to change.

I understand £100 deposit is due 07/01/2016 and the balance is due 15/01/2016 to confirm my place. Price is subject to confirmation of all services and number of passengers travelling. No cheque payments will be accepted. A 2.25% handling fee applies to Visa/Mastercard payments made over the phone. There is no handling fee for personal debit card payments. Please call 0161 928 0065 to make your payment.

Signature Date