

BOOKING FORM

PASSENGER DETAILS AS THEY APPEAR IN YOUR PASSPORT

	Title	First Name	Last Name	Date of Birth	Passport No.	Country of Issue	Date of Issue	Date of Expiry	Mobile Tel No.	Frequent Flyer Details
1.				dd/mm/yyyy			dd/mm/yyyy	dd/mm/yyyy		
2.				dd/mm/yyyy			dd/mm/yyyy	dd/mm/yyyy		
3.				dd/mm/yyyy			dd/mm/yyyy	dd/mm/yyyy		
4.				dd/mm/yyyy			dd/mm/yyyy	dd/mm/yyyy		
5.				dd/mm/yyyy			dd/mm/yyyy	dd/mm/yyyy		

CONTACT DETAILS OF LEAD PASSENGER

Name	<input type="text"/>	Address	<input type="text"/>
Post Code	<input type="text"/>	House Tel.	<input type="text"/>
Day Tel.	<input type="text"/>	Email	<input type="text"/>

HOLIDAY DETAILS

Travel Date	<input type="text"/>	Destination	<input type="text"/>
Total Holiday Price £	<input type="text"/>		
Flight Preferences (Departure Airport/Class of Air Travel)	<input type="text"/>		
Special Requests (eg. Dietary, allergies etc)	<input type="text"/>		
Type of Accommodation: Twin	<input type="checkbox"/>	Double	<input type="checkbox"/>

TRAVEL INSURANCE

It is an essential condition of your booking travel arrangements that you take out adequate holiday insurance. Please advise the name and emergency service details of your insurer. These will help us in the event of an emergency.

Insurance Company	<input type="text"/>
Insurance Policy Number	<input type="text"/>
Emergency Service Company Telephone No.	<input type="text"/>

EMERGENCY CONTACT

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
	Contact Tel	<input type="text"/>	

PAYMENT

The deposit is £300 per person (or such other sum as advised to you at the time of booking) or the full amount if you are travelling within 10 weeks. Total Amount Payable £

PAYMENT METHOD

 Please Indicate your method of payment and card type.

Cheque	<input type="checkbox"/>	(Payable to Corinthian Travel Ltd Travel Trust Account)							
Debit Card	<input type="checkbox"/>	Delta	<input type="checkbox"/>	Connect	<input type="checkbox"/>	Switch	<input type="checkbox"/>	Maestro	
Credit Card*	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	American Express			
Cardholders name	<input type="text"/>				Billing Address	<input type="text"/>			
Card number	<input type="text"/>								
Issue Date	<input type="text"/>		Expiry Date	<input type="text"/>		Switch / Delta Issue No.	<input type="text"/>		
Three Digit Security Code (as detailed on reverse of card)	<input type="text"/>			(4th box for AMEX cardholders only)					
Signature	<input type="text"/>								

Please tick this box if you would like us to charge the balance of your holiday to your credit card 70 days prior to departure.

* Please note that a charge of 2% will be made on full or final balances made by credit cards, no charge is made for debit cards. There is no extra charge for the payment of deposits by credit cards

DECLARATION

I have read and understood the Corinthian Travel Limited Booking Terms and Conditions. I am the lead name of the party travelling above, confirm that I accept the prices quoted and that I am authorised to accept these booking Terms and Conditions on behalf of all other persons included in this booking whether named or not.

Signature	<input type="text"/>		
Name	<input type="text"/>	Date	<input type="text"/>

Please sign and return this booking form to us by fax or post.