

BOOKING FORM

Booking Ref: _____

Please send your completed booking form to:
BLAKES COACHES LTD, EAST ANSTEY, TIVERTON, DEVON EX16 9JJ
Tel: 01398 341160 email: info@blakescoaches.co.uk

Please phone to check availability and book your seats before sending us your booking form
Please give name and full address including POSTCODE, in BLOCK CAPITALS
Name _____ Address _____

Postcode _____ Tel _____
Mobile _____ Email _____

Holiday	Departure date	Pick-Up point	No. of Days	Coach Seat Nos

NAMES OF ALL TRAVELLERS			Accommodation Preferred			Age	Travel Insurance Required?
Mr/Mrs/ Miss/Ms	Forename	Surname	Single Room	Double Room	Twin Room		

Any other relevant information (ie. mobility or dietary needs etc)

PAYMENT SECTION

Deposit of **£50.00** per person should be paid at time of booking.
Full payment due if tour is booked less than six weeks before departure.

I enclose Deposits for _____ persons at £ 50.00 per person	TOTAL £ _____
I enclose Insurances for _____ persons at £ _____ per person	TOTAL £ _____
I enclosed Full Payments for _____ persons at £ _____ per person	TOTAL £ _____
TOTAL AMOUNT ENCLOSED (Cheques made payable to Blakes Coaches Ltd)	TOTAL £ _____

If you wish to pay by card please complete the following section
Please debit my VISA / MASTERCARD (minimum £100 for credit cards)
CARD NUMBER EXPIRY DATE /
NAME ON CARD _____ SECURITY CODE - PLEASE PHONE US
(Last 3 digits on signature strip on back of card)

If you do not wish to take our insurance cover, you should give us details of an alternative policy here. It will then be accepted that you have insurance cover and accordingly indemnify Blakes Coaches of all companies, firms and persons associated with it against any and all consequences of your decision.
Insurance company _____ Policy Number _____ Expiry Date _____
Insurance company _____ Policy Number _____ Expiry Date _____

PLEASE COMPLETE FOR ALL HOLIDAYS

Passenger Name	Next of Kin	Next of Kin Contact Number

FOR EUROPEAN HOLIDAYS ONLY (details required for each passenger)

Full passenger Name (as shown on passport)	Passport Number	Passport Expiry Date DD/MM/YY	Date of Birth DD/MM/YY	Nationality

COVID 19 VACCINATION STATUS

for travel to: Ireland, Channel Islands, Isle of Man and Europe only

Date of 1st jab	Date of 2nd jab	Date of Booster
Type of Vaccine	Type of Vaccine	Type of Vaccine

Coach Holiday Travel Insurance Prices

	UK TOURS	EUROPEAN TOURS
2 days	£18.00	£28.00
3 days	£20.00	£31.00
4 days	£23.00	£38.00
5 days	£25.00	£40.00
6 days	£27.00	£42.00
7 days	£28.00	£45.00
8 days	£30.00	£47.00
9 days	£31.00	£48.00
10 days	£31.00	£49.00
11 days	£32.00	£51.00
12 days	£33.00	£52.00

CONTRACT

I have read the Blakes Coaches Ltd conditions and I agree on behalf of all the above-named persons to accept these terms and conditions, and to pay the balance 6 weeks before the departure date.

Signature _____

Date _____

DATA PROTECTION ACT

We retain your full contact details and other information in secure files and electronic storage facilities. We may use this information to contact you by mail, telephone or electronic means. We must pass your information on to the relevant suppliers of your travel arrangements and we take full responsibility for ensuring that proper measures are in place to protect your information. In making this booking, you consent to this information being passed on to the relevant persons or suppliers.