

# 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 \_\_\_\_\_

Date of birth \_\_\_\_\_ 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

Deposits for _____ persons at £ <b>50.00</b> per person	<b>TOTAL £</b> _____
Insurances for _____ persons at £ _____ per person	<b>TOTAL £</b> _____
Full Payments for _____ persons at £ _____ per person	<b>TOTAL £</b> _____
Full payment required if tour is booked less than six weeks before departure.	<b>TOTAL £</b> _____

Please debit my VISA / MASTERCARD (minimum £100 for credit cards)

CARD NUMBER

EXPIRY DATE   /   NAME ON 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

**Please provide dates of birth for all passengers travelling to...  
Southern Ireland, Isles of Scilly, Isle of Man, Jersey and Guernsey**

Name ..... DOB .....      Name ..... DOB .....

Name ..... DOB .....      Name ..... DOB .....

Name ..... DOB .....      Name ..... DOB .....

**Coach Holiday Travel Insurance Prices**

	UK TOURS	EUROPEAN TOURS
2 days	TBA	TBA
3 days	TBA	TBA
4 days	TBA	TBA
5 days	TBA	TBA
6 days	TBA	TBA
7 days	TBA	TBA
8 days	TBA	TBA
9 days	TBA	TBA
10 days	TBA	TBA
11 days	TBA	TBA
12 days	TBA	TBA
14 days	TBA	TBA

**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.