

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

PAYMENT SECTION

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

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 |
|-----------------------------------------------|--------------------|-------------------------------------|---------------------------|-------------|
| | | | | |
| | | | | |
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**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 | £35.00 | N/A |
| 3 days | £35.00 | £71.00 |
| 4 days | £36.00 | £78.00 |
| 5 days | £36.00 | £88.00 |
| 6 days | £44.00 | £88.00 |
| 7 days | £44.00 | £88.00 |
| 8 days | £44.00 | £88.00 |
| 9 days | £44.00 | £88.00 |
| 10 days | £44.00 | £88.00 |
| 11 days | £72.00 | £138.00 |
| 12 days | £72.00 | £138.00 |
| 14 days | £72.00 | £138.00 |

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.