

BOOKING FORM 2016

Tour Name:	
Tour Departure Date:	No. of Days:
Seat Numbers:	
Name:	
Address:	
	Post Code:
Telephone:	
Email:	
Type of room required (tick as appropriate): Double <input type="checkbox"/> Twin <input type="checkbox"/> Single <input type="checkbox"/>	
Price per person: £	Single room supplement: £
Special Requirements:	
Do you have Insurance: (tick as appropriate) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Total Amount: £ Deposit	(Non Refundable): £
Balance Due: £	
Signed:	Date:
CHEQUES OR CASH ONLY PLEASE made payable to Chauffeurhire Holidays Ltd	