



## BOOKING FORM

<b>HEAD OFFICE:</b> West End Travel Ltd Barratt House, 341 Oxford Street, London W1C 2LE Tel: +44 (0)20 7629 6299 Fax: +44 (0)20 7499 0865 Email: admin@westendtravel.co.uk	<b>EDGWARE OFFICE:</b> 70 Edgware Way, Edgware, Middx., HA8 8JS Tel: +44 (0)20 8958 3188 Fax: +44 (0)20 8958 8898 Email: info@westendtravel.co.uk
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Please write in clear BLOCK CAPITALS and state all your requirements at the time of booking.

DETAILS OF PASSENGERS TRAVELLING					
	TITLE	INITIALS	SURNAME	AGE IF UNDER 12	INSURANCE
1st room					YES/NO
					YES/NO
					YES/NO
2nd room					YES/NO
					YES/NO
					YES/NO
3rd room					YES/NO
					YES/NO
					YES/NO

TELEPHONE BOOKING REF.
DEPARTURE AIRPORT
DEPARTURE DATE
RETURN DATE

ACCOMMODATION REQUIRED						
RESORT	HOTEL	NO. OF NIGHTS	ARRIVAL DATE	DEPARTURE DATE	TWIN, SINGLE TRIPLE etc	MEAL REQUIREMENTS RO/BB/HB

CAR RENTAL	
CAR GROUP	<input style="width: 100%;" type="text"/>
FROM	<input style="width: 100%;" type="text"/>
TO	<input style="width: 100%;" type="text"/>
COLLECT FROM	<input style="width: 100%;" type="text"/>
RETURNED TO	<input style="width: 100%;" type="text"/>

FULL ADDRESS OF LEAD PASSENGER OR AGENT STAMP	
CONTACT TEL.	<input style="width: 100%;" type="text"/>
E-MAIL ADDRESS	<input style="width: 100%;" type="text"/>
AGENT REF:	ABTA NO. <input style="width: 100%;" type="text"/>

TRANSFERS	
Tick box if required	
ARRIVAL	<input type="checkbox"/>
DEPARTURE	<input type="checkbox"/>

INSURANCE NOTE	
It is a condition of booking that all passengers are covered by our insurance or comparable cover. Insurance premiums will be automatically added to your final invoice unless your alternative cover is stated below.	
INSURANCE CO.	<input style="width: 100%;" type="text"/>
POLICY NO.	<input style="width: 100%;" type="text"/>

SPECIAL REQUEST	
Please use this space for detailing any special requirements - such as adjoining rooms etc. West End Travel will try to meet your request but no guarantee can be given.	

CREDIT CARD PAYMENT	
I wish to pay with my VISA / MASTERCARD / AMERICAN EXPRESS / DINERS CARD Please charge the DEPOSIT / FULL AMOUNT to my card account. Payment by Credit Card will incur a 2% handling fee.	
TICK BOX	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CREDIT CARD NUMBER	<input style="width: 100%;" type="text"/>
EXPIRY DATE OF CARD	<input type="text"/> / <input type="text"/> / <input type="text"/>
SECURITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
VALID FROM	<input type="text"/> / <input type="text"/> / <input type="text"/>
ISSUE NUMBER	<input type="text"/> <input type="text"/>
NAME OF CARD HOLDER	<input style="width: 100%;" type="text"/>
ADDRESS OF CARDHOLDER	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
SIGNATURE OF CARDHOLDER	<input style="width: 100%;" type="text"/>

PAYMENT	
DEPOSIT OF £200 PER PASSENGER OR FULL AMOUNT WHERE TRAVEL IS WITHIN 8 WEEKS	£ <input style="width: 100%;" type="text"/>
INSURANCE PREMIUM	£ <input style="width: 100%;" type="text"/>
TOTAL ENCLOSED (Cheque/Cash)	£ <input style="width: 100%;" type="text"/>
Please make all cheques etc. payable to West End Travel Ltd.	
I agree on behalf of all persons on this Booking Form to accept the Booking Conditions and the Insurance Conditions (where applicable) and warrant that I have the authority of all persons named on the Booking Form to make the booking subject to these conditions. I am over 18 years old.	
Signature	Date <input style="width: 100%;" type="text"/>