

Bolero Holidays Booking Form Please complete one form for each accommodation

1	Party Leader (to whom all correspondence will be sent)						2 Accommodation							
	Name:						2 Bed Murano 3 Bed Venezia 3 Be					3 Bed Torcello		
	Address:						3 Reservation Period							
					Arrival Date:		Day:							
				Departure Date:			Day:							
		Postcode:					4 Arrival / Departure Type							
	Tel:							4 Arrival / Departure Type Flight Car Other (Please Specify)						
	Email:				riigiit	ļ ,	cui L	Other (Fie	use speen;	,,				
5a														
	Airline:						ival Time:			Taxi / Public Transport? Taxi Public TBC				
5b		Return Flight Details Airline: Departure Airport: Dep						outure Time e			2 🗆 = .			
	Airline:		рера	Departure Time: —			Taxi / Public Transport? Taxi Public TBC							
6	Car					Registration No:			Approximate Assistal Times					
	Make:								Approximate Arrival Time:					
7		ons travelling (inc Pa								ndence				
	Title	Title First Name Surname							Date of Birth		Please send my booking confirmation to the Party			
										Leader either by email or				
										(Please tick appropri				
											☐ Email			
											Post			
9	Optional Extras - Please indicate quantity required in boxes													
	Double Linen Set (£18 per set) Single Linen Set (£12 per set) Beach Towel Set (£8 for two) High Chair (£1 per night) Cot (£1.50 per night)													
10	Special	Requests				'	11 Me	dical Condi	tions / Sno	ecial Poquiromonts				
10	Use this spa	ce for any requests e.g. if you	adjacent	cent accommodation, please let us			11 Medical Conditions / Special Requirements If you have any medical conditions or disability							
	know and w	e will do our best to help you.						that may affect you or any member of your						
								•	accommodation requirements, you ck this box and give details on a					
								oarate sheet						
12		Insurance Confirmation I have arranged my own insurance and understand that it is my responsibility to ensure that adequete cover is in place before I travel.												
			surance	and understand that it is my r	espor	ISIDIII	ty to ensure th		quete cov Policy Nur		e belore i t	ravei.		
		Insurance Company Name: Policy Number: I have NOT arranged my own insurance yet, but I will inform the Bolero office with my insurance details once confirmed.												
13	Deposit	s & Payments												
	☐ I encl	ose my deposit of £120	or 🗌 I	enclose my full holiday paymer	nt of £	£			(All cheques are made payable to 'Bolero Holidays')					
	☐ I will telephone the office within 5 days of completing this form to pay my deposit or full holiday payment by valid credit or debit card.													
				, debit cards carry no surcharge)	ay IIIy	depo	osit of full floid	uay pa	yment by	valid Credit	or debit ca	iu.		
£Total Amount Enclosed (All cheques are made payable to 'Bolero Holidays')														
14		claration												
	agree on behalf of all the persons hereon to accept the booking conditions (which I have read) overleaf and that to the best of my knowledge and belief no circumstances exist which may cause this holiday to be cancelled, and I/we agree to pay the balance of our holiday not later than 8 weeks prior to arrive													
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	Signature			Date										