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| | |
|-----------|--|
| TOUR NAME | |
|-----------|--|

| | |
|------------|--|
| TOUR DATES | |
|------------|--|

BOOKING FORM

TOUR DEVIATIONS (IF REQUIRED)

PARTICIPANT: Full name as stated on passport

| | | | |
|-------------|--|--------|--|
| SURNAME | | | |
| FIRST NAME | | | |
| NATIONALITY | | D.O.B. | |
| ADDRESS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TEL HOME | | | |
| MOBILE | | | |
| E-MAIL | | | |

OTHER PARTICIPANTS: Full name as stated on passport

| TITLE | FIRST NAME | SURNAME | D.O.B |
|-------|------------|---------|-------|
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SPECIAL REQUESTS:

Special requests although noted, cannot be guaranteed.
Please tick if required

| | |
|-----------------------------------|--------------------------|
| WHEELCHAIR AT AIRPORT | <input type="checkbox"/> |
| SPECIAL DIET (Give details) _____ | <input type="checkbox"/> |
| OTHER _____ | <input type="checkbox"/> |

SUPPLEMENT (PER PERSON):

Please note that accommodation is based on sharing a double/twin room.
If you wish to opt for a single room, the supplements are as follows -

| | |
|-------------------|--------------------------|
| Single Supplement | <input type="checkbox"/> |
| | <input type="checkbox"/> |

INSURANCE:

We would remind you of the necessity of holding adequate travel insurance. It is a condition of booking that all passengers are covered by our insurance, comparable cover or sign the indemnity. Please note that West End Travel reserves the right to decline your booking if you do not have comprehensive travel insurance. In this event, all monies paid by you will be refunded by us.

A. If applicable, please tick as appropriate

I WISH TO PURCHASE TRAVEL INSURANCE FROM WEST END TRAVEL

West End Travel have arranged travel insurance through Gold Cover Travel Insurance, which is underwritten by Ageas Insurance Ltd
For a summary of cover please see Insurance Cover sheet. The premiums below are per person for the duration of the tour and includes Insurance Premium tax at the current rate of 20% (which may be subject to change at any time) and are payable in addition to the deposit.

| | |
|--|---------------------------------|
| AGED 18 - 65 YEARS (on departure date) | <input type="checkbox"/> |
| AGED 66 - 69 YEARS (on departure date) | <input type="checkbox"/> |
| AGED 70 - 74 YEARS (on departure date) | <input type="checkbox"/> |
| AGED 75 - 85 YEARS (on departure date) | <input type="checkbox"/> |
| EXCESS WAIVER PREMIUM 18 - 85 Yrs | £12.30 <input type="checkbox"/> |

IMPORTANT: Cover for passengers who have had pre-existing medical conditions, or are taking regular medication, is not included in these premiums. Please contact the CSA Health Check Line on: 0844 826 2700 to declare your medical condition prior to booking insurance. All calls are treated in strict confidence.

B. If applicable, please tick and give details

I WILL BE COVERED BY ALTERNATIVE TRAVEL INSURANCE

| | | |
|---------------------|------------------|-----------------------|
| INSURANCE CO. _____ | POLICY NO. _____ | PERIOD OF COVER _____ |
|---------------------|------------------|-----------------------|

C. Please sign the following indemnity if neither **A** nor **B** apply

On behalf of myself and all persons named on this Booking Form, I hereby indemnify West End Travel Ltd for any costs which arise that would otherwise have been met had such insurance cover been in place.

| | | |
|------------------|-------------|-------------|
| SIGNATURE: _____ | NAME: _____ | DATE: _____ |
|------------------|-------------|-------------|

PAYMENT DETAILS & DECLARATION

PAYMENT DETAILS:

| | | |
|---------------------------------|---|----------------------|
| GROUP PRICE | £ | <input type="text"/> |
| SINGLE ROOM SUPPLEMENT | £ | <input type="text"/> |
| | £ | <input type="text"/> |
| INSURANCE PREMIUM (IF REQUIRED) | £ | <input type="text"/> |
| TOTAL | £ | <input type="text"/> |

I ENCLOSE A CHEQUE MADE PAYABLE TO WEST END TRAVEL LTD. FOR THE AMOUNT OF £

I WISH TO PAY WITH MY DEBIT/CREDIT CARD (DETAILS BELOW) THE AMOUNT OF £

CARD TYPE **A 2% charge will be levied on all credit card bookings**

CREDIT CARD NUMBER

EXPIRY DATE OF CARD / VALID FROM /

SECURITY NUMBER ISSUE NUMBER

NAME OF CARD HOLDER

ADDRESS OF CARDHOLDER POST CODE

SIGNATURE OF CARDHOLDER DATE

TO BE COMPLETED BY ALL PARTICIPANTS:

I confirm that I have read and understood the Booking Conditions & Group Cancellation Clause (as laid out on Tour description) relating to the tour.
I acknowledge that they contain certain exclusion clauses which I accept on my own behalf and on behalf of all other persons named on this form.

| LEAD PARTICIPANT (signing on behalf of all participants) | |
|--|----------------------|
| FULL NAME | <input type="text"/> |
| SIGNED | <input type="text"/> |
| DATE | <input type="text"/> |

| IF ANY PARTICIPANT DOES NOT HOLD A BRITISH PASSPORT PLEASE ADVISE US BELOW |
|--|
| <input type="text"/> |