

I/we do not require to take your offer of holiday insurance. We are covered by:







INSURANCE COMPANY POLICY NUMBER EXPIRY DATE

We accept that in the event of needing to make a claim we do not accept Hemmings Holidays responsible.

For Continental Holidays Only (details required from each party member)				
PASSENGER NAME <small>AS PER YOUR PASSPORT</small>	NATIONALITY	DATE OF BIRTH	PASSPORT NO.	EXPIRY DATE.

PAYMENT SECTION		DEPOSIT REQUIRED £50 PER PERSON * Insurance payable with deposit	
I enclose.....	Deposits	at £.....Per Person	£.....
I enclose.....	Insurances	at £.....Per Person	£.....
I enclose.....	Full Payments	at £.....Per Person	£.....
TOTAL AMOUNT ENCLOSED (Cheques to be made payable to Hemmings Holidays)			

If you wish to pay by card please complete the following section:
Payment types accepted - Cheque or card
Cards - VISA DEBIT, VISA CREDIT, MASTERCARD, SWITCH MASTERCARD, SOLO
 There is a surcharge of 3% for credit cards.

CARD NUMBER:/...../...../.....

ISSUE NUMBER or START DATE for Switch & Maestro:

SECURITY CODE (last 3 digits on reverse):

EXPIRY DATE (mm/yy):

NAME as printed on card:

SIGNATURE:

TO BE COMPLETED FOR ALL HOLIDAYS		
NAME OF EMERGENCY CONTACT	EMERGENCY CONTACT NUMBER	PASSENGER NAME

I have read and agreed the booking conditions and information regarding holidays reserved - which are acceptable to me on behalf of all persons named on this booking form by whom I am duly authorised to make this agreement. I also understand that I am responsible for the final payment to be made 6 weeks before our departure date.

SIGNED DATED / /



BOOKING FORM

To make a booking on a tour, please telephone **01237 451282** to check availability and we will reserve your seat.
Please fill in all the required information and send it along with a deposit of £50 per person and any insurance cost to:
Hemming's Coaches, Powlers Piece Garage, East Putford, Holsworthy, Devon, EX22 7XW

TOUR TITLE	DEPARTURE DATE	NO. OF DAYS

MR, MRS MISS, OTHER	FIRST NAME	SURNAME	DEPARTURE POINT	TICK BOX REQUIRED					INSURANCE REQUIRED (DELETE WHERE APPLICABLE)	
				Single <input type="checkbox"/>	Twin <input type="checkbox"/> <input type="checkbox"/>	Double <input type="checkbox"/> <input type="checkbox"/>	Triple <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Family <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
										YES/NO
										YES/NO
										YES/NO
										YES/NO
										YES/NO
										YES/NO

SPECIAL REQUESTS (CANNOT BE GUARANTEED)

LEAD NAME AND ADDRESS

.....

.....

POSTCODE

.....

TELEPHONE

.....

MOBILE

.....

EMAIL ADDRESS

.....

(Please note receipts for payments will be emailed not posted)