



## BOOKING FORM

To make a booking on a tour, please telephone **01237 451282** to check availability and we will reserve your seat.

Provisional bookings taken over the telephone are held for 7 days.

Please fill in all the required information and send it along with a deposit of £50 per person and any insurance cost to:  
**Hemmings 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 <small>(DELETE WHERE APPLICABLE)</small>	
				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**  
 .....

We take your privacy seriously and we will only use the details you provide to respond to your reservation or in order to fulfill your holiday/excursion. We will never sell your data or share it with any third parties. By completing this reservation form you are accepting our Privacy Notice. Our Privacy Notice is available on our website [www.hemmingscoaches.co.uk](http://www.hemmingscoaches.co.uk)

**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. (please refer to each individual tour pricing). Full payment is due if booking less than six weeks before departure**

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 Coaches Ltd)

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



BILLING CARD ADDRESS::

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:

If you would prefer to pay by BACS, please telephone the office on 01237 451282

**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 ..... / ..... / .....