



Final Balance

Final Payment is due 8 weeks before departure date. If not paid by the date shown on your confirmation, we will assume you are not travelling and will cancel your place with the loss of your deposit and insurance premium. A reminder will not be issued.

**BOOKING FORM**

PLEASE FILL IN FULL NAME AS APPEARS ON PASSPORT – ANY ERRORS WILL INCUR A CHARGE

**ROOM REQUIREMENTS**

MR / MISS REV / MRS	FIRST NAME *****AS IT APPEARS ON PASSPORT *****	SURNAME	NATIONALITY	DATE OF BIRTH	Single	Double	Twin	Treble
1. _____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESERVE \_\_\_\_\_ SEATS      TOUR TO \_\_\_\_\_ PICK UP POINT \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ DAYS \_\_\_\_\_

HOTEL 1<sup>st</sup> CHOICE (flights) \_\_\_\_\_ HOTEL 2<sup>nd</sup> CHOICE (flights) \_\_\_\_\_

SPECIAL REQUIREMENTS (note cannot be guaranteed) \_\_\_\_\_

ARE YOU BRINGING A WHEELCHAIR ? \_\_\_\_\_

PLEASE GIVE LEAD NAME AND FULL POSTAL ADDRESS TO WHOM ALL RECIEPTS & TICKETS WILL BE SENT :

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DEPOSIT & OUR INSURANCE (if required) \_\_\_\_\_

**ON BEHALF OF ABOVE NAME I / WE ACCEPT YOUR BOOKING CONDITIONS**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALL FLIGHT BOOKINGS MUST BE ACCOMPANIED BY A PHOTOCOPY OF THE PHOTO PAGE OF THE PASSPORT OF EACH INDIVIDUAL PASSENGER**

IMPORTANT : WE MUST KNOW AT THE TIME OF BOOKING ABOUT ANY PARTY MEMBER WITH ANY DISABILITY (FOR WHICH ASSISTANCE WILL BE REQUIRED) FAILURE TO INFORM US WILL RESULT IN THE CANCELLATION OF YOUR BOOKING

DO YOU REQUIRE LEISURE TIME TRAVEL'S INSURANCE POLICY ? (If NO please fill in below Indemnity form)  
NAMES OF PASSENGERS NOT REQUIRING OUR TRAVEL INSURANCE

INSURERS	POLICY NO	EMERGENCY PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Leisure Time Travel**  
275 County Road,  
Walton on the Hill,  
Liverpool, L4 5PQ

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