

Send completed forms to the Booking Agent:

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# Norman Allen Group Travel

Group Tours by Coach and Air  
Booking Form

Tour: Pugin & The Gothic Revival	Tour Reference: 19/HXI01	Departure Date: 18/22 Sept 2019
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Mr	First/given name(s)	Surname	Room type	Please complete passport details if you are travelling outside the UK			
Mrs	(as they appear on your passport)	(as it appears on your passport)	Single	Date of Birth	Number (nationality if not British)	Expiry date	Country of issue
Miss			Twin				
Ms			Double				
			Triple				

For UK & Ireland tours please indicate whether you are a member of:

National Trust   
English Heritage   
RHS

Deposit or full payment	£
Insurance premium (if applicable)	£
Total payments made with this Booking Form	£

Special Requests:	Emergency UK contact details whilst you are travelling: Name: Address:
Special Requirements (e.g. Dietary or Mobility):	Telephone Number: Mobile Number:

Full details of the lead passenger / person making the booking, to whom correspondence will be sent:

Name: *	
Address:	
	Postcode:
Email:	
Tel:	Mobile:

On behalf of myself and any others named above I wish to make the booking detailed here. I declare that I have read, and accept, the Norman Allen Group Travel Booking Conditions <http://www.group-travel.com/company/NAGTBookingConditions.pdf>. I declare that any person(s) shown above as not requiring the insurance offered by Norman Allen Group Travel has arranged alternative cover which meets their needs.

* Signature of person making booking:	Date:
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The combination of travel services offered to you is a package within the meaning of the Package Travel and Linked Travel Arrangements Regulations. Therefore, you will benefit from all EU rights applying to packages. We will be fully responsible for the proper performance of the package as a whole. Additionally, as required by law, we have protection in place to refund your payments and, where transport is included in the package, to ensure your repatriation in the event that we become insolvent. For more information on key rights under Package Travel and Linked Travel Arrangements Regulations 2018 see <https://www.legislation.gov.uk/ukksi/2018/634/schedule/2/made>

Please address all correspondence, enquiries, insurance applications and all payments (payable to Norman Allen Group Travel Ltd) to your Booking Agent, whose details appear overleaf. If no Booking Agent details are indicated you should deal directly with our office at Portfield House, Daws Road, Hereford, HR1 2JJ, Telephone (01432) 357903, Fax (01432) 352041, E-mail [private@group-travel.com](mailto:private@group-travel.com).

All rooms requested are subject to availability and the room(s) allocated will be advised on your Confirmation or ATOL Confirmation/Invoice. Please make payments as advised in our brochure or by your Booking Agent. We accept payment in cash, by cheque, and most major credit and debit cards including Visa and Mastercard. To use this facility, please fill in the card details below. Please note that if your booking is made within 8 weeks of departure, full payment will be due at the time of booking.

In signing this booking form, you consent to the use of your data in line with the Norman Allen Group Travel Data Protection Policy, see <http://www.group-travel.com/company/nagtprivacy.pdf>.

For the latest travel advice from the Foreign & Commonwealth Office including security and local laws, plus passport and visa information, see [www.gov.uk/travelaware](http://www.gov.uk/travelaware).

Norman Allen Group Travel Limited is an Appointed Representative of ITC Compliance Limited who are authorised and regulated by the Financial Conduct Authority (their firm reference is 313486) and which is permitted to advise on and arrange general insurance contracts. Please see the enclosed sheet entitled Holiday Insurance.

**Please answer the following five questions on behalf of all passengers taking out Travel Insurance through Norman Allen Group Travel Ltd:**

Please confirm that all passenger's main residency is within the United Kingdom. Y/N

Please confirm you have checked all passenger ages and residency and that they meet policy requirements. Y/N

Does any passenger have any other travel policy in force that could provide alternative or duplicate cover? Y/N

I can confirm all passengers are aware they must contact the insurer to ensure any pre-existing medical condition has been disclosed and may be covered by the policy. Please note an additional premium may apply. Y/N

Is any passenger planning on undertaking any activity which could be restricted under the policy? Y/N

**The following section must be completed in full for all passengers who have their own travel insurance cover.**

Lead Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:

If you need to advise us of any additional information, please do so in writing, on a separate sheet of paper.

Payment cardholder contact details if different from lead passenger details overleaf:

Name:

Address:

  

Telephone Number:

Mobile Number:

Please complete payments details below. Once processed the section below the dotted line will be removed and destroyed. For your security, we do **NOT** retain credit/debit card details.

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Please charge the total amount shown overleaf to my credit/debit card number 

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 Issue no. 

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Security Code (3-digit number on signature strip) 

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 Start Date 

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 Expiry Date 

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