Send completed forms to the Booking Agent: Mike Higginbottom Interesting Times 63 Vivian Road Sheffield S5 6WJ Tel: 0114 242 0951

Email:

mike@mikehigginbottominterestingtimes.co.uk



Group Tours by Coach and Air Booking Form

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Cemet Clean	eries & Sewerage: TI iness	ne Victorian Pursuit		our Reference	: 22/HXI02	De	eparture	Date: 25/29 /	August 2022	
Mr Mrs First/given name(s) Surname			Room type Single Twin		Num	Please complete passport details if you are travelling outside the UK Number				
Miss Ms	(as they appear on your passport)	(as it appears on your passport)	Double Triple	Date of Birtl	(& nationa n Briti		Issue date	Expiry date	Country of issue	
	JK & Ireland tours plea are a member of:	se indicate whether	Depos	sit or full payme	ent			£		
National Trust English Heritage RHS				Insurance premium (if applicable). *** See important information on			erse *** £ ***			
			Total	Total payments made with this Booking Form				£		
Specia	l Requests:		Emerç Name Addre		act details whi	lst you are	e travellin	g:		
Specia	l Requirements (e.g. D	Dietary or Mobility):								
			Telepl	none Number:						
			Mobile	Number:						
Full c	letails of the lead pass	enger / person makin	g the bo	oking, to whom	corresponde	nce will be	e sent:			
Name:	*									
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acce _l I dec	ehalf of myself and a ot, the Norman Allen 0 lare that any person(s native cover which mee	Group Travel Booking s) shown above as n	Condition	ons http://www	.group-travel.	com/comp	oany/NAC	STBookingCo	nditions.pdf	
* Signa	ature of person making	booking:				Date:				













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/uksi/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.

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.

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 5 questions on behalf of ALL passengers taking out Travel Insurance through Norman Allen Group Travel Ltd. Your address, date of birth and a telephone number or email address must also be provided. Your Travel Insurance application CANNOT be processed without this information and you will NOT be insured. ***

Please confirm that all passenger's main residency is within the United Kingdom.											
Plea	Please confirm you have checked all passenger ages and residency and that they meet policy requirements.										
Doe	Does any passenger have any other travel policy in force that could provide alternative or duplicate cover?										
	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.										
ls a	Is any passenger planning on undertaking any activity which could be restricted under the policy?										
The	following section must be completed in full for all passenge	rs who have their own travel insurance cover.									
	Lead Passenger Name:	Policy No:	1								
	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 yo	u need to advise us of any additional information, please o	lo 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:										
	se complete payments details below. Once processed the royed. For your security, we do NOT retain credit/debit car		7								
Pleas	se charge the total amount shown	Jesus no									

overleaf to my credit/debit card number

Security Code (3-digit number on signature strip)

Issue no.

Expiry

Date

Start

Date