	BOOKING	
< 104 >	ROOKING	FORM
	DOCKING	

TGT Holidays Ltd, Townfoot Garage, Haltwhistle, Northumberland NE49 0ND Email: admin@tynedalegroup travel.co.uk Tel: 01434 322944

TOUR NAME		HOLIDAY DEPOSIT (£50 pp UK; £75 pp Europe & Ireland; £200 pp for	DEBIT CARD DETAILS (We		o longer accept cr	edit cards)
DEPARTURE DATE		holidays by air). Balance due 8 weeks before departure (14 weeks for air tours)	£	NAME ON CARD:		
PICK UP POINT		TRAVEL INSURANCE	CARD NUMBER:			
		if required (Incl. IPT). This cannot	£	EXPIRY:		
NT Member YES NO		be purchased after booking.	L	3 DIGIT SECURITY:		
		TOTAL ENCLOSED Please make cheques payable to TGT Holidays or complete debit card detail.	£	SIGNATURE:		
Name & Title (in block capitals) as it appears on your passport	Full co	ontact details for each passen	ger		Do you require insurance?	Type of Room Twin/Double/Single
Address (inc postcode):				YES		
Tel:			DOB:		NO 🗆	
	Email:					
	Addre	SS (inc postcode):			YES	
Tel: DOB:			NO			
Email:				- Ш		
	Addre	SS (inc postcode):			YES	
Tel: DOB:				NO		
	Email:					
	Addre	SS (inc postcode):			YES	
	Tel:		DOB:		NO	
	Email:					
					Please com	plete & sign overleaf



IGI Holidays Ltd, Townfoot Garage, Haltwhistle, Northumberland NE49 UND

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INSURANCE DISCLAIMER – I/We have decided to make my/our own insurance arrangements for those individuals whose names appear on the booking form. We therefore agree to indemnify your company against any expense that anyone in the party may incur as a result of having inadequate insurance protection with effect from today.

On European holidays, all travellers must be insured and must provide a copy of all policy documents & passports no later than the balance due date.

SIGNATURE	NAME	DATE		
Copy of passports attached: to follow:	Copy of insurance document attached: to follow:			
SPECIAL NEEDS & REQUESTS: As well as genera may affect your holiday or other group members' e i.e. Low Floor Room (All requests will be forwarded	I requests and dietary requirements you must also tell us if you have any mob njoyment of it before you book. Please see section 16 of our Trading Charter to the hotel but cannot be guaranteed)	oility issues, disability or complex need that for further information		
DECLARATION – By submitting this booking form I/We agree to be bound by the Trading Charter printed in the brochure and published on your website. I note that the balance is due 8 weeks before departure (14 weeks for tours by air). I have read the Financial Protection Statement (page 3) and the itinerary for this holiday and consider it suitable taking into account mobility needs.				
SIGNATURE Signed on behalf of all the persons list	ed on this booking form	DATE		
DEPOSIT – A booking is not confirmed unt	il appropriate payments have been received and the confirmatio	n invoice has been dispatched.		



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