## **DIAMOND BRIDGE**

Return this form to: Jayne Bailey, Bond Travel, 10 Bridgewater Street, Lymm WA13 0AB **2** 01925 757 757 Email: info@diamondbridge.co.uk

BOOKING FORM for holidays arranged through Bond Travel (ABTA No. P7293, ATOL 4857)

PLEASE PHONE TO SECURE YOUR HOLIDAY PLACE & PAY YOUR DEPOSIT BY DEBIT CARD (no surcharge) – we do NOT accept payment by credit card. The deposit required is £250 per person for hotel holidays where flights are included, otherwise £100 per person plus flight costs; for cruises the deposit is a percentage of the full cost (the percentage varies but is normally between 10% & 20%). THEN COMPLETE

AND K	ETURN THIS	S FORM TO THE AL	JUKE	99 2HO	WN ABU	VE - FAL	LUKE TO DO SU	MAY RESULT	IN YOUR BU	OKING BEIN	GCANCELLED		
						Holi	DAY DETAILS						
Depart	ture Date	UK Departure Poin	ıt	No. of Nights			Name of Hotel/Ship		Resort/Itinerary				
PASSENGER DETAILS													
				Details as shown or You may be refused permission to travel if you				wn on Passport	Passport For Informal on the provide all information below Group List				
Room / Cabin	Occupancy (delete as applicable)	Room/Cabin Type (if other than "standard")		Title	1 <sup>st</sup> N	Name	Middle Name(s)	Surname	Date of Birth	Nationality	Preferred Forename or Nickname (& surname if different to passport)		
1	Single		(i)										
	Double		(ii)		<u> </u>								
2	Single		(i)		_								
2	Double		(ii)										
		ntact Details for I						Contact Details for Passenger 1(ii) or 2(i)					
∆ddress	to who	om all correspond	ence	will be	sent		Address & Po	if different from that of Passenger 1(i) Address & Post Code					
☎ (Day	y)						☎ (Day)		_				
🖀 (Nig	ght)						(Night)	<b>☎</b> (Night)					
Mobile:	:						Mobile:	Mobile:					
Email:				Email:									
ADDITIONAL SPECIAL REQUESTS including airport assistance, which must be requested at the time of booking (We shall do our best to honour these but no guarantee can be given)  Please name any non-players in your group													
						PASSPO	ORT DETAILS						
		Passport No.			ue Date						Issued By		
<u>1(i)</u>													
1(ii)	-		$\dashv$										
<u>2(i)</u>			$\dashv$										
<u>2(ii)</u>	!												
Holiday insurance for medical emergencies must be taken out to cover this holiday – please advise with whom you have arranged your insurance and supply us with details of your cover.  I have taken out holiday insurance with:			ged of n:	Name _	ny)		ncy please conta	read t Diam perso by the not tra waitin transp	I confirm that I have seen the relevant brochure & read the Booking Conditions (available on the Diamond Bridge website) & agree that I & all the persons named on this Booking Form will be bound by them. I confirm that all above are in good health & not travelling against medical advice or on a hospital waiting list. I understand that special assistance with transportation & baggage cannot be guaranteed. Signature of passenger 1(i)				
Emergency no.:				<b>☎</b> (Mobile)				_					
Signed								Date	Date				