

LEISURE TIME TRAVEL



275 County Road, Walton on the Hill, Liverpool, L4 5PQ

Tel: 0151 287 8000 Email: info@lourdes-pilgrim.com

Final Balance

Final Payment is due 10 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

SPECIAL REQUIREMENTS:

Note: These cannot be guaranteed.

PLEASE FILL IN FULL NAME AS APPEARS ON PASSPORT – ANY ERRORS WILL RESULT IN A NAME CHANGE FEE!!!

MR / MISS FIRST NAME SURNAME NATIONALITY DATE OF BIRTH
 REV / MRS *****AS IT APPEARS ON PASSPORT*****

1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Room Requirements

Single	Double	Twin	Treble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* PLEASE ENCLOSE A PHOTOCOPY OF ALL PASSENGERS PASSPORTS FOR AIR PILGRIMS*

PLEASE RESERVE _____ SEATS ON THE TOUR TO _____ DEPARTURE DATE _____

DEPARTING FROM _____ NUMBER OF DAYS _____ COACH TOUR PICK UP POINT _____

Name _____ ADDRESS _____

Post Code _____ Telephone _____

Email Address _____ (Your receipt will be sent here if applicable)

Deposits for Flights is £150 or Coach £50.00 per person

DEPOSIT & OUR INSURANCE IF REQUIRED £ _____ Cheques made payable to Leisure Time Travel

On behalf of the above named I/WE Accept your terms and conditions.

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.

Signature _____ Date _____

If you do not require our travel insurance please fill in this insurance indemnity form with your details

NAME OF PASSENGERS NOT REQUIRING OUR TRAVEL INSURANCE	INSURERS NAME	POLICY NO.	EMERGENCY PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CARD PAYMENT

Card Payments: 3% service charge on all cards

I give permission for balance to be taken 10 weeks prior to departure date.

Please debit my Visa / MasterCard / Delta Please circle if DEBIT or CREDIT

Issued by bank Issue Number if applicable.....

Card Number _____ Valid from _____ Valid Until _____

Last 3 digits on signature strip _____ Amount £ _____ + Add 3% Charge _____ = Total £ _____

Name and address of cardholder if different from above address (Please use block letters)

SIGNED _____

Date _____