

BOOKING FORM

Please send your booking form to
BLAKES COACHES LTD, EAST ANSTEY, TIVERTON, DEVON EX16 9JJ
 TEL: (01398) 341160 FAX: (01398) 341594 email: info@blakescoaches.co.uk


Please give name and full address, including POST CODE, in BLOCK CAPITALS
 Name _____ Address _____

 Post Code _____ Tel _____
 Mobile _____ E-mail _____

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|----------|-----------------|----------------|--------------|-----------------|
| Holiday: | Departure date: | Pick-up point: | No. of Days: | Coach seat nos: |
| | | | | |

| NAMES OF ALL TRAVELLERS | | | Hotel Accom. Preferred | | | Age if under 16 | FREE Insurance |
|-------------------------|-------------|------------------|------------------------|-------------|-----------|-----------------|----------------|
| Mr Ms | Mrs Miss | Initials Surname | Single Room | Double Room | Twin Room | | |
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Any other relevant information (i.e. mobility or dietary needs etc.)



If you do not wish to take our insurance cover, you should give us details of an alternative policy here. It will then be accepted that you have insurance cover and accordingly indemnify Blakes Coaches Ltd and all companies, firms and persons associated with it against any and all consequences of your decision.

Insurance company Policy number Expiry date

Payment: I enclose deposit / full payment for _____ persons

TOTAL ENCLOSED

Please make all cheques/postal orders payable to Blakes Coaches Ltd.

Please debit my MasterCard / Visa / Maestro Card Security code (last 3 digits on signature strip)

3% transaction charge on all credit cards.

Expiry Date Issue No if Switch

Name on card Address (Cardholder).....

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CONTRACT

I have read the Blakes Coaches Ltd conditions and I agree on behalf of all the above-named persons to accept these terms and conditions, and to pay the balance 6 weeks before departure date.

Signature _____

Date _____

For European Holidays Only (details required for each passenger)

| Passenger Name | Nationality | Place of Birth | Passport Number |
|----------------|-------------|----------------|-----------------|
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PLEASE COMPLETE FOR OR ALL HOLIDAYS

| Passenger Name | Next of Kin | Next of Kin Contact Number |
|----------------|-------------|----------------------------|
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We would also value your comments and ideas of how we can improve the service we provide.....

Your age range:

18 - 25 26 - 40 41 - 59 60 - 75 Over 75

Thank you for your comments . . . all of which will be treated in the strictest confidence.