

AGENT STAMP

Booking Form

| HOLIDAY TITLE | | POINT OF DEPARTURE | | DEPART | RETURN |
|---|------------|--------------------|---|---|--------|
| IF YOU ARE MAKING YOUR OWN TRAVEL ARRANGEMENTS PLEASE GIVE DETAILS BELOW | | | | | |
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| | | | | | |
| TITLE | FIRST NAME | SURNAME | D.O.B | ROOM PREFERRED Twin/Double/Single/Family | |
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| NEXT OF KIN | | | | | |
| Name | | Address | | Telephone | |
| INSURANCE | | | I HAVE ARRANGED MY OWN INSURANCE COVER (details below) | | |
| <input type="checkbox"/> I wish to take your travel insurance. | | | My Insurance Company: | | |
| PLEASE FIND ENCLOSED MY PAYMENT OF: | | | Policy Number | | |
| NO. OF PEOPLE.....X DEPOSIT £250 (PER PERSON) £..... | | | Telephone Number of Insurance Company | | |
| INSURANCE PREMIUM £..... | | | Signed | | |
| TOTAL ENCLOSED £..... | | | PLEASE SEND A COPY OF YOUR NEW ZEALAND BROCHURE TO: | | |
| PAYMENT BY CREDIT CARD Please note: Due to the high transaction fees imposed by credit card companies, we are obliged to levy a charge of 2% on final balances. However, there is no charge on deposits or if you pay by Debit card. | | | Name | | |
| VISA / MASTERCARD / OTHER DEBIT CARD (please circle) Debit card Card Number Issue No | | | Address | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Postcode | | |
| Cardholder Name | | | ON BEHALF OF THE ABOVE NAMED PERSONS, I HAVE READ, UNDERSTOOD AND AGREE TO SILVER FERN HOLIDAYS BOOKING CONDITIONS. I AM OVER 18 YEARS OF AGE. | | |
| Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Signed | | |
| Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Date | | |
| Signature of cardholder | | | Name (please print) | | |
| Date | | | Address | | |
| MEDICAL CONDITIONS WE SHOULD BE AWARE OF | | | Postcode | | |
| DIETARY REQUIREMENTS | | | Telephone (Day) (Evening) | | |
| | | | Email | | |

PLEASE SIGN AND RETURN THIS BOOKING FORM TO:

SILVER FERN HOLIDAYS, MINSTER CHAMBERS, CHURCH STREET, SOUTHWELL, NOTTINGHAMSHIRE NG25 0HD