

Booking Form

Ref:

Before completing please read the important information contained in this booklet.

Name of Tour:	Date of Departure:
---------------	--------------------

Passenger Details	1st Passenger	2nd Passenger	3rd Passenger	4th Passenger
Surname <small>(as shown on passport)</small>				
First Name <small>(as shown on passport)</small>				
Title				
Date of Birth & Age				
Home Address <small>(please note all correspondence, invoices and tickets will be sent to 1st passenger)</small>				
Postcode				
Telephone Home Work/Mobile				
Email Address				
Emergency Contact Name Telephone	<small>(details of someone we can contact while you are away should the need arise)</small>			
Accommodation (hotel/rail/ship) Please indicate number & type of rooms/cabins. <input type="checkbox"/> Twin/Double <input type="checkbox"/> Single (supplement payable) Please indicate variations e.g. upgrades	Variations - Please indicate any variations in flight, hotel, rail or cruise ship arrangements, including any upgrade requests or date variations:			Please supply the following information, indicating which passenger it relates to Details of special diets: Medical conditions: Any disabilities or mobility problems:
Joining at Ebbsfleet I would like to join Eurostar at Ebbsfleet <input type="checkbox"/> <small>(an additional charge of £20 per person may apply)</small>				<small>Due to our obligations under the Data Protection Act, any medical information provided to Great Rail Journeys relating to your holiday will not be passed to any insurance provider. Therefore it is your responsibility to ensure that any relevant information is passed directly to your insurance provider.</small>
To be completed by the 1st Passenger (Party Leader) I accept the conditions of booking and insurance on behalf of the above named and have read the important information contained in this booklet.				Insurance Insurance details are available on request or online. I wish to take advantage of your Travel Insurance Scheme and have read the exclusions paragraph of the policy summary. This insurance is available to those normally resident in the UK. YES <input type="checkbox"/> NO <input type="checkbox"/> If No please complete the following: Insurance Company
Signed: _____ Date: _____				
Name (BLOCK LETTERS): _____				
Details of Payment Deposit/Balance for <input type="text"/> persons at £ <input type="text"/> per person = £ <input type="text"/> Insurance <input type="text"/> persons under 65 at £ <input type="text"/> per person = £ <input type="text"/> Insurance <input type="text"/> persons 65-74 at £ <input type="text"/> per person = £ <input type="text"/> Insurance <input type="text"/> persons 75 & over at £ <input type="text"/> per person = £ <input type="text"/> Full payment required for bookings within 60 days of departure. Total enclosed = £ <input type="text"/> <small>*Maximum age at date of departure for our Worldwide insurance policy is 79.</small>				
Method of Payment (please tick box) See clause 2, Payment, in the Booking Conditions. <input type="checkbox"/> Payment already made by phone <input type="checkbox"/> I enclose a cheque made payable to "Great Rail Journeys Limited" Please debit my Mastercard <input type="checkbox"/> Visa credit card <input type="checkbox"/> Maestro <input type="checkbox"/> Visa debit card <input type="checkbox"/> Credit card payments will be charged a processing fee of 2%				Policy No. _____ Please state whether your policy is: Single Trip <input type="checkbox"/> Annual <input type="checkbox"/> Multi-Trip <input type="checkbox"/>
Card details Cardholder's Surname _____ Initials _____ Card number <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"/> Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Maestro Issue No. <input type="text"/> <input type="text"/> CVC No. <input type="text"/> <input type="text"/> <input type="text"/> - the last 3 digits on the reverse of the card in the signature strip.				Insurance Company's 24hr medical emergency contact telephone number: _____