



# BOOKING FORM

PLEASE COMPLETE IN BLOCK CAPITALS

01225 764205

Success Tours Ltd. Oak House, Epsom Square, White Horse Business Park, Trowbridge, BA14 0XG

## SECTION 1 - TOUR DETAILS

GROUP NAME	TOUR NAME	TRAVEL DATES	TOUR CODE

## SECTION 2 - TOUR COST - PRICE PER PERSON

TOUR PRICE			TRAVEL INSURANCE

## SECTION 3 - DETAILS OF ALL PASSENGERS TRAVELLING - NAMES AS PER PASSPORT

• PASSENGER ONE

TITLE	FORENAME	SURNAME	ROOM TYPE	EMAIL ADDRESS
TELEPHONE NUMBER		MOBILE NUMBER	SPECIAL REQUESTS (E.G. DIETARY AND/OR MOBILITY REQUIREMENTS)	
ADDRESS				

• PASSENGER TWO

TITLE	FORENAME	SURNAME	ROOM TYPE	EMAIL ADDRESS
TELEPHONE NUMBER		MOBILE NUMBER	SPECIAL REQUESTS (E.G. DIETARY AND/OR MOBILITY REQUIREMENTS)	
ADDRESS				

## IMPORTANT TRAVEL INSURANCE INFORMATION

- Travel insurance is offered as an optional extra and provided by Wrightsure Insurance Group via Success Tours.
- There is no upper age limit. Cover is dependent on a fitness to travel basis.
- Cover is only valid from receipt of insurance payment, in addition to the deposit & completed booking form.
- If you are travelling overseas with your own insurance cover please complete section 6.

## SECTION 4- DEPOSIT & INSURANCE PAYMENT

	PRICE PER PERSON	QUANTITY	TOTAL
DEPOSIT		x	
INSURANCE		x	
AMOUNT PAYABLE			

## PAYMENT METHODS - PLEASE SELECT ONE OF THE FOLLOWING

Cheque enclosed to the value of: £ \_\_\_\_\_ Made payable to: \_\_\_\_\_

Make a bank transfer to the value of: £ \_\_\_\_\_ Using payment reference: \_\_\_\_\_

Sort Code: 30 95 37      Account No: 03153690      Account Name: Success Tours Ltd

Please state payee name if differs from passenger one or two: \_\_\_\_\_

To pay by debit or credit card please call 01225 764205 and note the following details

Success Name Ref: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**PLEASE COMPLETE REVERSE OF FORM AS APPLICABLE**

**TOUR CODE:****SECTION 5 - PASSPORT DETAILS - MANDATORY FOR FLIGHT & OVERSEAS TOURS ONLY****• PASSENGER ONE**

DATE OF BIRTH	PASSPORT NO.	NATIONALITY
DATE OF ISSUE	DATE OF EXPIRY	COUNTRY OF ISSUE

**• PASSENGER TWO**

DATE OF BIRTH	PASSPORT NO.	NATIONALITY
DATE OF ISSUE	DATE OF EXPIRY	COUNTRY OF ISSUE

**SECTION 6 - TRAVEL INSURANCE - MANDATORY FOR OVERSEAS TOURS - RECOMMENDED FOR UK TOURS****• PASSENGER ONE**

INSURANCE PROVIDER <small>(IF NOT TAKING SUCCESS TOURS COVER)</small>	POLICY NO.	24HR EMERGENCY ASSISTANCE COMPANY & TEL NO. <small>(FOUND ON POLICY)</small>

**• PASSENGER TWO**

INSURANCE PROVIDER <small>(IF NOT TAKING SUCCESS TOURS COVER)</small>	POLICY NO.	24HR EMERGENCY ASSISTANCE COMPANY & TEL NO. <small>(FOUND ON POLICY)</small>

**SECTION 7 - EMERGENCY CONTACT DETAILS - MANDATORY FOR ALL TOURS****• PASSENGER ONE**

YOUR NAME	EMERGENCY CONTACT <small>(FRIEND OR RELATIVE IN THE UK NOT TRAVELLING WITH YOU)</small>	RELATIONSHIP
MOBILE NUMBER	TELEPHONE NUMBER	
YOUR UK DOCTOR'S NAME	UK DOCTOR'S TEL NO.	
UK DOCTOR'S ADDRESS		

**• PASSENGER TWO**

YOUR NAME	EMERGENCY CONTACT <small>(FRIEND OR RELATIVE IN THE UK NOT TRAVELLING WITH YOU)</small>	RELATIONSHIP
MOBILE NUMBER	TELEPHONE NUMBER	
YOUR UK DOCTOR'S NAME	UK DOCTOR'S TEL NO.	
UK DOCTOR'S ADDRESS		

**SECTION 9 - SEND COMPLETED FORM TO**

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**SECTION 10**

**BY COMPLETING THIS FORM YOU CONFIRM TO AGREE TO THE TERMS AND CONDITIONS OF SUCCESS TOURS LTD.**

FOR A COPY OF OUR TERMS AND CONDITIONS PLEASE REFER TO: [WWW.SUCCESSTOURS.COM](http://WWW.SUCCESSTOURS.COM)

Please note that if your booking form is sent directly to Success Tours, contact details and information may be shared with the Group Leader or Society