



# TRAVEL PLACES

## VETTS Travel Club – World Championships, Las Vegas 2018

### Package Booking Form

**Please return this form to:**

**Steve Watson, Travel Places, Podium House, 61 Chapel Road, Worthing BN11 1HR**

**How to Book:**

1. Complete booking form in CAPITAL LETTERS and sign having read our Booking Conditions
2. Send this completed booking form to the address above, together with your deposit
3. Confirmation of booking will be sent in writing to the lead passenger named below

**Payment:**

1. Please send a non-refundable deposit of £200 per person
2. Please pay the final balance before departure on the 21<sup>st</sup> April, 2018
3. Personal Cheques/Bank/Building Society drafts/Credit Cards/Bank Transfers are the preferred methods of payment
4. Cheque made payable to "TRAVEL PLACES"

**Tour Reference: VTTUSA18NE**

**Tour Title: World Championships, Las Vegas**

Departure Date:

Return Date: 25 June 2018

Preferred Departure Airport:

Please send me Extended stay options: Yes/No

Accommodation choice:

Twin share (Please request for a single room): Yes/No (subject to availability)

**Address for Correspondence:**

Title:

Lead Name:

Address:

Telephone (Day Time):

Evening:

Mobile:

Email address:

Customer Information: (Exact details as shown on your passport)

	Title	Forename	Surname	Gender	Type of Room (Single/Double/Twin/Triple/Quad)
1					
2					
3					
4					

**Passport Information (for passengers as named on previous page):**

	Passport Number	Nationality	Place of Birth	Date of Birth (DD/MM/YY)	Code of Issuing State
1					
	Issuing Authority	Date of Issue	Date of Expiry	Mobile Contact whilst away	
	Passport Number	Nationality	Place of Birth	Date of Birth (DD/MM/YY)	Code of Issuing State
2					
	Issuing Authority	Date of Issue	Date of Expiry	Mobile Contact whilst away	
	Passport Number	Nationality	Place of Birth	Date of Birth (DD/MM/YY)	Code of Issuing State
3					
	Issuing Authority	Date of Issue	Date of Expiry	Mobile Contact whilst away	
	Passport Number	Nationality	Place of Birth	Date of Birth (DD/MM/YY)	Code of Issuing State
4					
	Issuing Authority	Date of Issue	Date of Expiry	Mobile Contact whilst away	

**Are you a member of the VETTS? Yes/No**

**Membership Number (if Known)**

**Payment:**

Please phone 01903 259133 quoting your Tour Reference, if you wish to pay by Credit Card or require Bank Transfer Details.

Deposits per person	£ 200.00	Total £
Additional Payment	£	Total £
	Total Enclosed	£

**Declaration:**

I hereby agree, on behalf of all persons in the travelling party named above, to read and abide by the Booking Conditions. I accept full responsibility to ensure that all members of the travelling party comply with the necessary health, passport and visa requirements for the proposed trip and the terms and conditions of the travel insurance policy purchased by each member, of which a copy must be sent to your office before we travel.

Print Name:	Signature:	Date:
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