



TRAVEL PLACES

VETTS Travel Club – European Championships 2017 Package Booking Form

Travel Places in association with American Express Global Business Travel

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 £50 per person.
2. Please pay the final balance before departure on the 18th April 2017
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: VECS17EC

Tour Title: European Championships Sweden

Departure Date: 24 June 2017

Return Date: 2 July 2017

Preferred Departure Airport/ Room Only:

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)
1					
2					
3					
4					





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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	£ 50.00	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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