

# **Booking Form**

Please n	nake sure you have read the Inform Please use bloo	nation and Booking Conditions (Pack capitals to fill out the form. Con			ng your form.	
Title	First Names *(please und	erline the first name you normally	/ use)	Surname	Date of B	irth
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Address	TE TOO ENTER THE NAME DETA	ILS EXACTET AS ENTERED ON	THE PASSPORT.	Contact Numbers		
71441000				Home tel:		
				Work tel:		
				Mobile:		
		Postcode:		Email:		
N (11 E1	la di Barbara			21(2)		
Name of Holiday a	s shown in the Brochure			Date of Departure		
				Please tick here if you wo		
Hotel Room Requi	rements	Non-smokin subject to a	g (please tick) vailability	Your data will not be shar a third party. You can, at a	ed with	
Twin or Double (eithe	er):			your details to be removed		se.
Twin (only)						
Willing to share (Twin	1)					
Single						23
	from regional airports and upgr quest. Please tick here and we wi			TRAVEL STAM	AGENTS PONLY	
	All debit/credit card information v not accept AMEX. Preferred payı		it has been taken)	STAIN		
Deposit payment by	Debit Card Credit Card	(or by cheque below) B	ACS			
Card Number:		Expires end	CVC			
Name on Card		Amount £		BACS PAYMENTS		
Signature Credit/debit card on	ly:	Date		Account Name: Ffestini Bank Name: NATWEST	og Travel	
noney required no late	nittance of £ being depoint myself and my party to take the hoer than 10 weeks before the date of congned and dated the form.		alance of the	Sort: 60-05-11 Account Number: 28375	5459	
LEASE NOTE: Your	signature below will also be taken as		s of your party are	Our question to you	?	
	ne advice of a qualified medical pract			Are you an existing Ffest (please circle as appropri	iate). If not,	NO
				how did you first hear at Travel?	oout Ftestiniog	
Signature		Date				YES

# Additional Information Needed to Process your Booking

### **Passport Information**

Name	Passport Number	Issue Date	Expiry Date	Nationality	Passport Issuing Country	Place of Birth	Gender M/F

Airlines are now required to forward Passport Information to the relevant Immigration Department of the country you are visiting prior to arrival.

#### **Personal Information**

To comply with the Data Protection Act, any medical information provided here will not be disclosed to your insurance provider. It is your responsibility to ensure that any relevant information is passed to your insurance company.

Medical Information (e.g. diabetic)	Dietary Requirements (e.g. vegetarian)	Emergency Contact Details (name & tel. no.)

## **Insurance Information**

Please ensure your insurance policy includes cover for COVID-19 related cancellations in the event that you have to cancel your holiday.

Insurance Company	Policy Number	24hr Emergency No

Please indicate here if you have reduced mobility and other information you believe to be relevant to your booking.				

We are required by law to notify suppliers of clients with reduced mobility including people with walking difficulties, broken limbs, also pregnant women.

Are you travelling with anyone else who has sent us a booking form independently? If so, whom?	

Is there anything else you feel we need to know about your booking? eg Airport hotel prior to departure.

## Please return signed form to: Ffestiniog Travel

Ffestiniog Travel
Former St Mary's Church,
Tremadog,
Gwynedd, LL49 9RA, UK

Tel: +44 (0) 1766 512400 Email: info@ffestiniogtravel.co.uk Web: www.ffestiniogtravel.com

Ffestiniog Travel is the trade name of Ffestiniog Railway Holdings Ltd. Company No 2555576





