BOOKING FORM: LIVING CRETE HOLIDAYS LTD

Pentre Parr Barn, Bethlehem Road, Llandeilo, Dyfed SA19 6YA Company No: 6037856

Tel: 0800 011 3927/07974 022640 Email: [info@livingcreteholidays.co.uk](mailto:info@livingcreteholidays.co.uk)

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN IT TO THE ADDRESS/EMAIL ADDRESS ABOVE

TOUR NAME........................................... DEPARTURE DATE............................ REF NO...................

1. PERSONS TRAVELLING

Title First Name Surname Date of Birth

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

First-named person

Tel (day)............................ Tel (evening...................................... Email..........................................

Full Address....................................................................................................................................

Emergency Contact………………………………………………………………….. Tel………………………………………….

1. ACCOMMODATION

No of rooms: Twin........................ Double…....................... Single..................................................

1. FLIGHTS

No of persons.......................................

Depart from ……………………………………..on………………………….to………………………at…………………………

Return from ……………………………………..on………………………….to………………………at…………………………

1. YOUR TRAVEL INSURANCE DETAILS

Insurer's Name ……………………………………………………………………. Contact No....................................

Your Policy No.................................................................................................................................

1. PAYMENT: Cheque (to Living Crete Holidays Ltd) OR Bank Transfer (please call for details)

Deposit/full payment (please delete as necessary)

Per person No of persons Total

……………………………………………………………………………….

1. SPECIAL REQUESTS (We will make every effort to meet these, but cannot guarantee this)

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1. DECLARATION AND SIGNATURE

On behalf of the above-named persons, I request Living Crete Holidays to book the holiday arrangements described. I confirm that have read, am authorised to accept, and do accept, Living Crete's Booking Conditions on their behalf.

SIGNATURE ......................................................................................................

NAME (in block capitals) ……………………………………………………………………………..

DATE ……………………………………………………………………………………………………………