Send completed forms to:
 Diann Arnfield

Woking Leisure Centre 50+ Club
 C/o Elmerston

Colekitchen Lane, Gomshall
 Guildford
 GU5 9LH
diannarnfield@gmail.com



Group Tours by Coach and Air Booking Form

Tour: Norfolk			Tour Reference: 24/WLC01		01	Т	Tour Dates: 6/9 June 2024			
Mr Mrs	First/given name(s)	Surname	Room type Single Twin		Please complete passport details if you are travelling outside the UK					
Miss Ms	(as they appear on your passport)	(as it appears on your passport)	Double Triple	Date of Birth	(& nationa Britis	lity if no	ot Issue date	Expiry date	Country of issue	
you a	JK & Ireland tours plea are a member of: onal Trust	se indicate whether	Deposit	t  or full pa	yment			,		
English Heritage RHS			Total pa	Total payments made with this Booking Form £						
Special Requests:			Emergency UK contact details whilst you are travelling:  Name:  Address:							
Specia	l Requirements (e.g. D	Dietary or Mobility):								
			Telepho	one Number:						
			Mobile	Number:						
Full d	letails of the lead pass	enger / person makir	g the bool	king, to whom o	orresponder	nce will	be sent:			
Name:	*									
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Email:										
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* Signa	ature of person making	booking:				Date:				













The combination of travel services offered to you is a package within the meaning of the Package Travel and Linked Travel Arrangements Regulations. Therefore, you will benefit from all EU rights applying to packages. We will be fully responsible for the proper performance of the package as a whole. Additionally, as required by law, we have protection in place to refund your payments and, where transport is included in the package, to ensure your repatriation in the event that we become insolvent. For more information on key rights under Package Travel and Linked Travel Arrangements Regulations 2018 see https://www.legislation.gov.uk/uksi/2018/634/schedule/2/made

Please address all correspondence, enquiries, insurance applications and all payments (payable to Norman Allen Group Travel Ltd) to your Booking Agent, whose details appear overleaf. If no Booking Agent details are indicated you should deal directly with our office at Portfield House, Daws Road, Hereford, HR1 2JJ, Telephone (01432) 357903, Fax (01432) 352041, E-mail private@group-travel.com.

All rooms requested are subject to availability and the room(s) allocated will be advised on your Confirmation or ATOL Confirmation/Invoice. Please make payments as advised in our brochure or by your Booking Agent. We accept payment in cash, by cheque, and most major credit and debit cards including Visa and Mastercard. To use this facility, please fill in the card details below. Please note that if your booking is made within 8 weeks of departure, full payment will be due at the time of booking.

In signing this booking form, you consent to the use of your data in line with the Norman Allen Group Travel Data Protection Policy, see http://www.group-travel.com/company/nagtprivacy.pdf.

For the latest travel advice from the Foreign & Commonwealth Office including security and local laws, plus passport and visa information, see <a href="https://www.gov.uk/travelaware">www.gov.uk/travelaware</a>.

We recommend that you take out an appropriate travel insurance policy to cover your travel plans.

You should ensure you have read and understood the full terms and conditions of any travel insurance policy that you choose to take out.

Your travel insurance policy should fully cover you for cancellation, medical expenses and emergency repatriation.

Please ensure your policy covers the entire duration of your holiday and any pre-existing medical conditions that you may have.

Looking for travel insurance cover?

If you have not already arranged cover, please visit <a href="https://normanallen.b2ctravel.co.uk">https://normanallen.b2ctravel.co.uk</a> who offer travel insurance.

For any travel insurance purchase, you should check the individual policy wording provided to you carefully to ensure this meets the specific needs for your chosen holiday.

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Lead Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
Passenger Name:	Policy No:
Name of Insurer:	Insurer Emergency Tel:
If you need to advise us of any additional information, ple	ase do so in writing, on a separate sheet of paper.
Payment cardholder contact details if different from lead pa	assenger details overleaf:
Name:	
Address:	
Address: Telephone Number:	
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Telephone Number:  Mobile Number:	

Security Code (3-digit number on signature strip)

Start

Date

**Expiry** 

Date