The Arts Society Vale of Aylesbury



The Moorish Heritage of Andalucía

Monday 09 - Saturday 14 September 2024

Please complete this form in **BLOCK CAPITALS** and return it to Heritage Group Travel, together with your deposit of **£550 per person**, as soon as possible and no later than **Friday 09 February 2024**.

Please return any digital booking forms to Bookings@grouptravel.co.uk

| Name must be exactly as is written on passport FIRST PERSON | Name must be exactly as is written on passport SECOND PERSON |
|--|---|
| TITLE | TITLE |
| FIRST NAME | FIRST NAME |
| SURNAME | SURNAME |
| Name by which you wish to be known on tour (if different from above) | Name by which you wish to be known on tour (if different from above) |
| | |
| ADDRESS | ADDRESS |
| | |
| POST CODE | POST CODE |
| TELEPHONE | TELEPHONE |
| MOBILE | MOBILE |
| EMAIL | EMAIL |
| SPECIAL REQUESTS e.g. Dietary or health requirements, etc (Special requests cannot always be guaranteed) | SPECIAL REQUESTS e.g. Dietary or health requirements, etc (Special requests cannot always be guaranteed) |
| | |
| I/We would like to reserve the following room type Twin Double | |
| Single 🗖 | Supplement of $\pounds 420$ (subject to single room availability) |
| If you intend sharing a room with someone not specified on this form please give their name below: | |

| FIRST PERSON It is a condition of booking that every tour member has adequate travel insurance. | SECOND PERSON It is a condition of booking that every tour member has adequate travel insurance. |
|---|--|
| INSURANCE COMPANY | INSURANCE COMPANY |
| POLICY NO. | POLICY NO. |
| PASSPORT DETAILS | PASSPORT DETAILS |
| DATE OF BIRTH | DATE OF BIRTH |
| NATIONALITY | NATIONALITY |
| PASSPORT NO. | PASSPORT NO. |
| EXPIRY DATE (DD/MM/YYYY) | EXPIRY DATE (DD/MM/YYYY) |
| ISSUE DATE | ISSUE DATE |
| COUNTRY OF ISSUE | COUNTRY OF ISSUE |
| ISSUING AUTHORITY e.g. UKPA | ISSUING AUTHORITY e.g. UKPA |
| PERSON TO CONTACT IN AN EMERGENCY | PERSON TO CONTACT IN AN EMERGENCY |
| NAME | NAME |
| DAYTIME NO | DAYTIME NO |
| MOBILE NO | MOBILE NO |
| INTERNATIONAL FLIGHT REQUIREMENTS | INTERNATIONAL FLIGHT REQUIREMENTS |
| Please book my flights as per the brochure YES NO I will make my own travel arrangements YES NO | Please book my flights as per the brochure YES NO I will make my own travel arrangements YES NO |
| (We strongly advise that you do <u>NOT</u> make your own flight reservations until you have received written confirmation that your booking has been accepted for this tour) | (We strongly advise that you do <u>NOT</u> make your own flight reservations until you have received written confirmation that your booking has been accepted for this tour) |
| METHODS OF PAYMENT All personal information is stored according to the guidelines set out under the Data Protection Act | |
| I/We wish to book place(s) on the tour and enclose a deposit of £550 per person. | |
| I/We enclose a cheque made payable to Heritage Group Travel for | Conditions and confirm that |
| Please debit my VISA/MASTERCARD the sum of | I/we have adequate insurance for this tour |
| Please debit my DEBIT CARD the sum of | Signature/Print Name: |
| NAME OF CARDHOLDER | 6 |
| CARD NO | Date: |
| EXPIRY DATE | |
| Please telephone Heritage Group Travel on 01225 466620 with your 3 digit security code as payment cannot be processed without this number and bookings cannot be confirmed until payment has been made. | |
| I/We have made payment by BANK TRANSFER to the following account: | |
| Account Number: 11388808 Sort Code: 16-12-53 Reference: 153107 (& your SURNAME) | |
| Please note that we need to be in receipt of your booking form to enable us to process your booking | |
| Charlotte House, 12 Cha | arlotte Street, Bath, BA1 2NE |

